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PLACE OF DEATH
o. COUNTY Washington 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND warvland Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give neares) town) RURAL and give nearest town) Weeks Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Wash County Hospital ON A FARM? YES NO 1 535 West Church St NAME OF Middle Lost 4. DATE Month Yeor DECEASED ELLEN death. (Type or print) MARY AL DER DEATH April 8 1960 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours DIVORCED | Female WIDOWED TO 66 white 1893 Dec 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Mid. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Cook Restaurant Williamsport Wash USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosella Davis Michael 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address No James R. Alder 435 No Colonial Hagerstown "d 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) 19. PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 1B.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) foctory, street, office bldg., etc.) MEDI O. III. While Not while of work of work 4-24 105610 19.69 that (1) (wo) last 21. I certify that (I) (this haspital) attended the deceased fram. 1960 and that death accurred 245An from the causes and an the date stated above. saw the deceased alive and 220. SIGNATURE IGNED ATTENDING M.D. PHYS. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county (Stole) REMOVAL (Specify) lest Haven Cemeters Hagerstown Wash 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNA Circhan S. Krane DATEAPR 1 2 '60 Andrew K. Coffman Hagerstown Md.

10 E - 251/201/6 - 250 The state of the s all teather who is the state of the sale. and the first of t The second secon the second secon A STATE OF THE STA the party cross contact the party material rate. Doctor

TO HOSP

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
THEM 8 CERTIFICATE OF DEATH
THEM 8 CERTIFICATE OF DEATH 5066

05015

1	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
)	Washington Marylan	o. STATE Maryland b. COUNTY Washington						
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown) Ha pers town Md. 32 vrs							
	Hagerstown Md. 32 yrs.	3 Hagerstown Md.						
	d. NAME OF HOSPITAL (If nat in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM2						
	17 Bouth Foundry Street	17 South Foundry Street YES NO.						
	3. NAME OF First Middle	Last 4. DATE Month Day Year						
	(Type or print) Kearfott Baker	Ardinger DEATH April 9 1960						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED							
	Male White widowed Divorced	April 28 1888 71 yrs. 11 11 Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life even if retired)							
	Interior Decorator Painter	Williamsport Md. U.S.A						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
)	Charles Andrew Ardinger	Eliza Virginia Lemen						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes. no. or unknown) [If yes, give wor or dates of service)							
	No No No 214-09-9010	Mrs. Florence Ardinger Hagerstown Md.						
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN						
	PART I, DEATH WAS CAUSED BY: CONFRID CONTA	e Heart Dister C. ONSET AND DEATH						
	420.0 DUE TO 5.	1 / 2						
	Canditions, if any, which) (b) hurfly serve	- Charles Glass						
	gave rise to immediate cause (a), stating the under-	Burghard						
	lying cause last. (c) big l'horn ch	Dio Contraction of the contracti						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
2	<u>8</u>	YES NO D						
	OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of injury in Part I or Port II of item 18.)						
		PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) factory, street, affice bldg., etc.)						
	Haur a. m. 19 White Nat while at wark at wark							
	21. I certify that (I) (this haspital) attended the deceased from	n. 000 (1) 1960, to (1) (we) last						
		t death accurred at 61th, from the causes and on the date stated above.						
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE						
1	This for secure	M.D. PHYS. DIRECTOR PHYS. D						
	Philip J. Hirshman, M.D.	159 W. Washington St., Hagerstown, Md.						
		1)) W. WESTING OUT DO., MEGGI BOOMI, M.						
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER							
	Burial April 14-60 Riverview	Cemetery Williamsport Maryland						
	24. EUNERAL DIRECTOR'S SIGNATURE	250. REC'D 8Y REGISTRAR 256, REGISTRAR'S SIGNATURE CALLER & Knowle						
	Michald desf Willermigon	DATE APR 12'60 Collag & Frank						

NAME OF THE OWNER OF THE OWNER, T

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	M. paging w				0.1	61
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2s after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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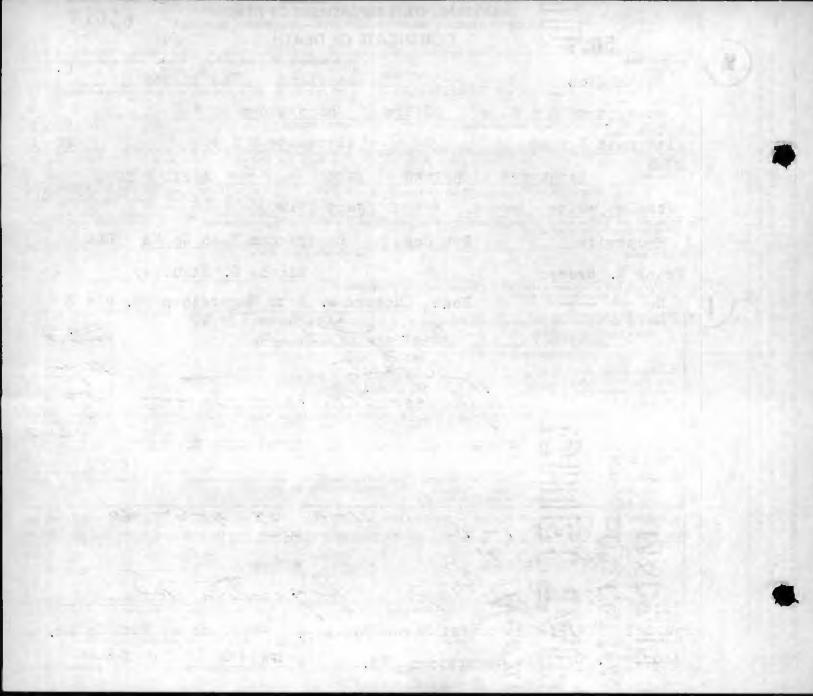
1	1. PLACE OF DEATH a. COUNTY Washin	gton		MARYLA	AND	2. USUAL RESIDENCE (WI o. STATE Maryland	1907	ashing t		ce befor	e admissio	on)
	b. CITY OR TOWN (II RURAL and give ne	outside carporate limit	s, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF C	outside corpo			give nea	rest town)	
		AL (If not in haspital, g		d. STREET ADDRESS Alternate	#	40			ON A	FARM?		
,	3. NAME OF DECEASED	Fir		Middle	, ,	Last	4. DATE OF	Mar	_	Day		eor
	(Type or print)	CATHERI		BREWER		ARTZ	DEATH	Whiti		360		9
	Female	mhite	7. MARRI WIDOWE	D DIVORCED	_	Jany 8 190	05	9. AGE (In years lost birthdoy) 55 yrs.	Months	Days Days	Hours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work of	lane 10b. 1	KIND OF BUSINESS OR	INDUST	TRY 11. BIRTHPLACE (Stote	or foreign o	1	12. CITI	ZENOF	WHATCO	DUNTRY?
	Housew	ing life, even if retired)		Own Home	3	Hagersto		ash Co	Md	USA	A	
	13. FATHER'S NAME Frank M.	Brower				14. MOTHER'S MAIDEN N		. Stouf	fer			
	35. WAS DECEASED EVEL	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, 1N 1	FORMANT			ress	_		
ľ	(Yes, no, or unknown)	If yes, give wor or dates of se	ervice)	None H	OWS	ard M. Artz		erstown	Md.	R #	# 3	
_			use per lin	e for (o), (b), and (c).]		Alternat	te R	# 40			RVAL BET	
	PARI I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Coroz	cy	Itelus	e Th			in		/
	420	. DUE TO		9	1	7				1		
	Conditions, if as			Up	March .	ely				10	2 gen	7
	couse (a), stating lying couse last.		d	1/1/	-	1-1/	1	1		1.4	r-les	
		J (c)	DITIONS	WIRISHTING TO DEAT	H BUT I	NOT RELATED TO THE TERM	INIAI DISEAS	SE CONDITION OF	VENTINI DAD	1/0 19	WASA	LITOPSY
)	САТІО	ER SIGNIFICATOR CON	7	CATAIBOTING TO DEAT	11 0071	NOT RECEIVED TO THE TERM	INAL DISEAS	SE CONDITION OF	YEN IN FAK	((la)	PERFOR	SWEDS
	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OCC	URRED	, (Enter noture of injury in	Port I ar Por	rt II of item 18.)		- 1		
	20c. TIME OF INJUR'	Y Month, Day, Yes	While	Nat while of work		CE OF INJURY (Home, farm ary, street, office bldg., etc		y or town)	(0	County)		(Stole)
	21. I certify tho	t (I) (this hospital) ottend	ed the deceosed fr				4-6-			at (1) (w	
	saw the deceas	ed alive an	/-	and t	hat de	eath accurred as	M, from	the causes ar	nd an the	date	stated	above.
	220. SIGNATURE	Del S	uti	54	N	ATTENDING MA	ED.	STAFF PHYS.			22b.	DATE
	22c. PHYSICIAN'S NAME (Type)	TOEW	J,	470 %		22d. ADDDESS	ul	Tunk 7	had			
	23a. BURIAL, CREMATIO REMOVAL (Specify)	1 1 1	F	23c. NAME OF CEMET		CREMATORY		TION (City, town,	or county)		(Stote)
	BUTTER	4/9/60 S SIGNATURE		Rest Have	n	Cemetery	Hage D BY REGIS	ratown	Wagh		-	
	Andrew K		n Ha	ceratown	Ma				thung &			

may be the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this merificate has been signed by the attending physician and completely filled are by the funeral director, page 3 shauld be distached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior ta burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 [4] 15M 9/59

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOSP



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH BEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY Poge b. COUNTY files. Heolth, MARYLAND WASHINGTON WASHINGTON b. CITY OR TOWN til outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporale limits, write RURAL and give nearest town) and pive nearest town? HARDSBURG 77 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE #d. STREET ADDRESS YES NO M 3. NAME OF 4. DATE Middle Lost Month Year DECEASED (Type or print) DEATH 19 (00 WILLIAM 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH IF UNDER TYPEAR IF UNDER 24 HRS. lest birthday) Months Hours WIDOWED [DIVORCED T 180. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) during most of working life, even if relired) 12. CITIZEN OF WHAT COUNTRY? Poge IRATTSMAN -CLAMISON MASH. Co. poges 13. FATHER'S NAME Poges P PM3. 14. MOTHER'S MAIDEN NAME form Give 3 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 650 Address PROSPECT (If yes, give war or dates of service) Ony 4 HAGERSTOWN INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). puo PART I. DEATH WAS CAUSED BY: Fracture of Skull Instant IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which Compound Comminuted Fracture Lt. Femur & Tibia gave rise to immediate cause DUE TO (a), stating the underlying Compound Fracture Of Left Humerus cause last, cremotion, 90 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY pasa PERFORMED? Chief Medical E NO TX 200. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port fl of item 18.) Speeding car left road crashing into tree. 20d. INJURY OCCURRED | 2Ge. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stole) factory, street, affice bldg., etc.) Not while 21 al work of work Sharpsburg p. m. 21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection [X], Inquiry [] and in my forwarded to DIRECTOR: apinian death resulted fram: Natural causes 🗋 Accident 📆 Suicide 🧻 Hamicide 🗍 Undetermined manner DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER E. W. Ditto. 1-79-60 DEP 220. BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240./REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME DAISBARD arthur & Kruss DATE APR 2 2 '60 5M 2/57

The second secon and a look of the relation of the first of

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) WASHINGTON c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e: IS RESIDENCE ON A FARM? YES NO T Day Year APRIL 60 19 IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Addres AGERSTO INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X (Slate) (County) 1957 to 5 April, 1962, that I last saw the deceased and that death accurred at 225/5M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State) HAGERSTOWN 24b. REGISTRAR'S SIGNATURE MATE APR 1 1 '60 arthur & Kenned

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE Divinere deceased lived. If Institution-Residence before admission; I. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (IL outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY_OR TOWN (If outside corporate limits, write RURAL and after nearest town) a, IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. SPREET ADDRESS ON A FARM? YES NO DATE NAME OF First Year DECEASED (Type or print) DEATH 1960 5. SEX 6. COLOR OF RACE 7. MARRIED T NEVER MARRIED THE B. DATE OF BIRTH 9. AGE (In your IF UNDER TYEAR IF UNDER 24 HRS. Months Doys Hours WIDOWED [7] DIVORCED [7] 100, USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Er 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address E Give PM3. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Fracture Skull Instant IMMEDIATE CAUSE (a) Fracture Cervical Vertebrae **DUE TO** Compound Fracture Both Femur Conditions, if any, which gave rise to immediate cause olong **DUE TO** (a), stating the underlying cause last. Entire face Crushed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS 8 PERFORMED? NO P 200. EXTERNAL CAUSE WAS PRIMARY FOR TONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) Speeding car left road crashing into tree. Month, Day, Year' 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City of town) 20c. TIME OF INJURY (County) (State) to the Chief Medical

DIRECTOR: Page 3 sh factory, street, affice bldg., etc.) Not while -at work of work of the 941 p.m. Vibra 21.1 certify that I took charge of the remains described above, held an Autapsy Inspection A-Inquiry death resulted from: Natural causes . Accident Ar Suicide . Hamicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURHAL, CREMATION, REMOVAL (Specify) 226, DATE/THEREOF 22d. LOCATION (City, lown, or county) 9 FUNERAL DIRECTOR'S SIGNATORE ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Cithy of Hearth DATE APR 24 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

		51	6.0	CERTIFICA	TE OF DEATH		MARILAND	00:4	.1	
	PLACE OF DEATH a. COUNTY	Washington		MARYLAND	2 USUAL RESIDENCE (V	/here decease	d lived. If instituti b. COUNTY		are odmission	n)
	b CITY OR TOWN (If RURAL and give nea		s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carpa	prote limits, write R	URAL and give ne	arest town)	
E	lagerstown	rural 3		40 yrs	X Hagerst	OWI1				
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive streel	address)	d. STREET ADDRESS Route 3				e, IS RESID ON A F	ARM?
3.	NAME OF DECEASED (Type or print)	Charl		Middle William	Black Lost	4. DATE OF DEATH	Man	12	•	or 60
5.	SEX	6. COLOR OR RACE	7- MAR	RIED NEVER MARRIED	8. DATE OF SIRTH		9. AGE (In years	IF UNDER 1 YEAR	IF UNDER	24 HR
	male	white	WIDOW	ZED DIVORCED	1-21-1895		last birthday) 65 yrs	Months Days	Hours	Min.
10c	USUAL OCCUPATION	V (G ve kind af wark ong life, even if retired)	lane 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stat	e or fareign c	ountry)	12 CITIZEN O	F WHAT CO	UNTRY
1	warehou			P. R. R.	Virgin:	ia		U	SA	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	Luthe	r S. Black			Euphe	emia Bl	lose			
15.	no	yes, give wor or dates of s	rvice) 7	17-07-9361 Mr	rs. Charlotte	Black	Hagerst	own, Md.		
	PART I, DEAT	'H {Enter only one con H WAS CAUSED BY IMMEDIATE CAUSE (or DUE TO		ine for (a), (b), and (c).]	a 736	ndole	/ ~		SET AND D	
	Canditions, if an gave rise to im cause (a), stating the lying cause last.	mediate								
CATION	PART II. OTHE	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER/	WINAL DISEAS	E CONDITION GIV	/EN IN PART I(o)	PERFORA	JTOPS' MED? NO 💽
CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	□ CAUSE OF DEATH!	206 DES	CRISE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Por	rt II af item 18.)			
MEDICAL	20c. TIME OF INJURY Haur a m. p. m.	Manth, Day, Yea	While	L.	LACE OF INJURY (Home, for actory, street, affice bldg., e	m, 20F (City	y ar tawn)	(Caunty)		(Stat
	21. I certify that	(1) (this hospital) atten	ded the deceased fram,	10-1-	2.7 .la	4-1	2, 1960, 11	nat (I) (wi	e) la
	saw the decease 22a. SIGNATURE	ed alive an 3	24	and that	M.D. ATTENDING PHYS.	MED DIRECTOR	the causes an	nd an the date	22b.1	DATE SIGNE
	22c PHYSICIAN'S NAME (Type)	E 111	77	1 3n	22d. ADDRESS	_	*	-21		

CEMETERY OR CREMATORY

Rest Haven Cemetery

may be the base of the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremotian, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP VR A15 (4) 15M 9/59

Then please remaye carban papers. Pages 1 and 2 shauld be filed with and in ony event, within 72 hours after death.

after death. Page 4

24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred W. Kraiss Hagerstown, Md.

235 DATE THEREOF

4-14-60

23a. BURIAL, CREMATION, REMOVAL (Specify)

250. REC'D BY REGISTRAR

23d LOCATION (City, fown, or county)

Hagerstown, Md.

25b. REGISTRAR'S SIGNATURE

DATAPR 1 8 '60

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23 after death Page 4

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h

TO HOSPIT

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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Andrew K. Coffman Hagerstown Md.

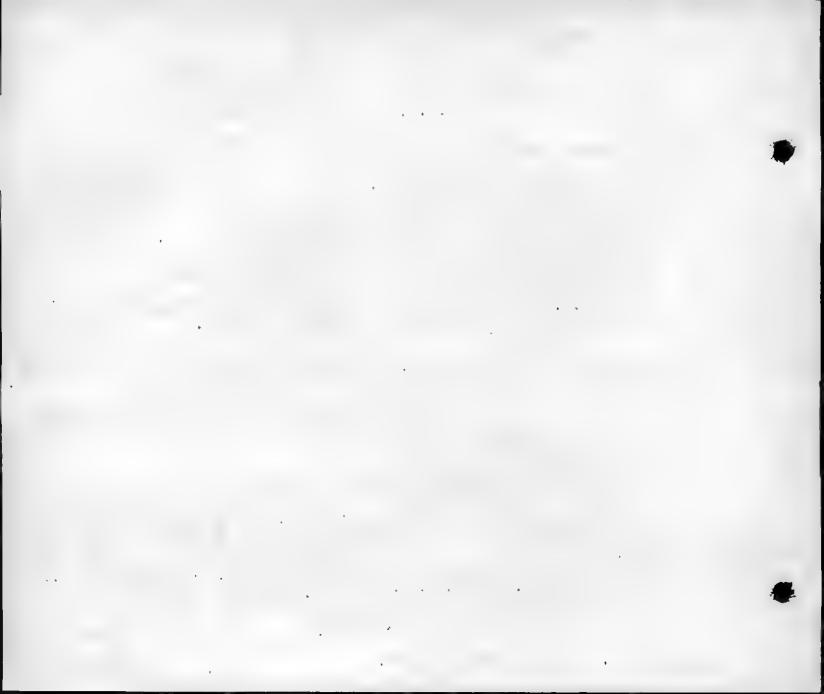
	-0.00							
1. PLACE OF DEATH a. COUNTY	notes.	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution Residence d Washington	e befare admission)			
	ngton f autside carparate limits, write	G. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)					
RURAL and give no	earest tawn)		A	. '	va negresi ravriy			
Hager	STOWN AL (If not in haspital, give stre	D. O. A.	d. STREET ADDRESS	rstown	e IS RESIDENCE			
OR INSTITUTION	-				ON A FARM?			
	unty Hospits		1049 Co.	lumbia Road	YES NO			
3 NAME OF DECEASED	First	Middle	Last	4. DATE Manth	Day Year			
(Type ar print)	ALVIE	LEROY	BROWN	DEATH April 3 19	60 19			
S. SEX	6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED	8. DATE OF BIRTH		YEAR IF UNDER 24 HRS.			
Male	White WIDO	WED DIVORCED	March 12 1	899 61 yrs Months	Days Hours Min			
10a. USUAL OCCUPATIO	ON (Give kind of work dane 10	L. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?			
Carpente	king life, even if retired)	Builder	Thurmont	Fred Co Md.	USA			
13 FATHER'S NAME			14. MOTHER'S MAIDEN N	AME				
Reu	ben Brown		Miranda	May Harbaugh				
		6. SOCIAL SECURITY NO. 17, II	NFORMANT	Address				
/Yes	(If yes, give wer or dates of service)	291-01-8327 M	rs Madeline	Brown 1049 Colu	mbia Rd			
	ATH [Enter only one cause per				INTERVAL BETWEEN			
	TH WAS CAUSED BY:	Acute coronary	occlusion	town Md.	ONSET AND DEATH			
1100	IMMEDIATE CAUSE (a)		, 0000001010		2 11041			
400	DUE TO	Arteroscleroti	ic hoart disc	9.50	No history			
Candit ans, if a	mmediate	Wi rel Oporel Oct	e neur atse	426	No history			
cause (a), stating		Mana			0)			
lying cause last.) (c)	None						
PART III. OTH	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?			
CA			_	·	YES NO D			
PARY II. OTH	AS UNDERLYING 206 D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part (I of item 18)				
	MEDICAL EXAMINER)							
S 20c. TIME OF INJUR	Y Manth, Day, Year 20d	. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm,	20f. (City or town) (C	aunty) (State)			
20c. TIME OF INJUR	19 Wh	ile Nat while	ctary, street, affice bldg., etc.	\$ \$				
		nded the deceased fram	Annil 3 .6	0 . Annil 3 1060	2 4 4 40 4 4 4			
21 I cerrity ind	ir (i) (inis naspital) arie	naea the deceased tram	10.3	A, ta <i>April 3</i> , 1960 M, fram the causes and an the	Z, that (I) (we) last			
22a SIGNATURE	sed alive an Langue	iy.oo, and that c	death accurred at u_	M, tram the causes and an the	date stated above.			
1///	1 Tremm		ATTENDING ME	D. STAFF	SIGNED			
1 22c PHYS CIAN'S					4 - D 2 -1			
NAME (Type)	William T. L	ayman, M. D.,		O Professional Art	is Blag.,			
				stown, Maryland				
23a BURIAL, CREMAT O REMOVAL (Specify)	N. 236 DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY	23d LOCATION (City, tawn, ar equity)	(State)			
Bu rial	4/5/60	Rest Haven	Cemetery	Hagerstown Wash	Co Ma/			
24 FUNERAL DIRECTOR	SSIGNATURE	ADDRESS	Sea perio	BY PEGISTRAP OSE PEGISTRAP'S SIG				

APR 7

DATE

'60

arthur S. Kroug



ofter death. Page

mayires that the death certificate be



0	504	6
-	302	

4 52		L	5077
Page 4 director, ited with		1.	PLACE OF DEATH O. COUNTY Washington MARYLAND 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) a. STATE Maryland Washington
	(M		
death. uneral d be f			b. CITY OR TOWN (If outside corporate limits, write c, LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
الح الح			Hagerstown 8 Yrs Hagerstown
offer the shar			La periode light and the last a
d by	X	L	of NAME OF HOSPITAL (if not in naspital, give street address) OR INSTITUTION 1917 Virginia Ave 1917 Virginia Ave 1917 Virginia Ave
thin 24 th y fitted for loges 1 at	Ė		NAME OF DECEASED CARTER Lost OF DEATH APTI 13 1960 19
rithir ely f	5	\$:	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
plete	2		Female white WIDOWED X DIVORCED March 16 1872 88 yrs Months Doys Hours Min
ami	2	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
a d	Ē		Housewife Own Home Brownsville Wash Co Md. USA
be arba		13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
sician re car	//	L	John L. Mills Lucy Gordon
sertificate g physici remave		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Lift yes, give wor or dates of service)
S 50 E		1	No None Edward Q Carter 122 E. Main St
death Hendin please		1	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Sharpsburg Md. INTERVAL BETWEEN
atte	5		PART I. DEATH WAS CAUSED BY Arteriosclerotic Heart Disease ONSET AND DEATH 2 years
at the	D E D		420, O DUE TO
モ 만투.	Ď		Conditions, if ony, which) (b)
jire jnec	E		gove rise to immediate couse (o), stating the under-
In sign	<u> </u>		lying cause lost. (c)
Sicio	·	Z	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED?
phy phy ria t		3	Diabetes Mellitus; Arteriosclerosis, generalized.
Ending ficate if	ii.	CERT F	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
SIC attentions		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote foctory, street, office bldg., etc.)
E Paragram	2	MED	Hour a.m. While Not while foctory, street, office bldg., etc.) p. m. 19 of work of work
aspit frer d fa	p la		21 I certify that (I) (MEXICAL) of other deceased from March 140158, to Apr. 13, 1960, that (I) (we) las
N e b	E		saw the deceased alive on April 12160, and that death occurred at p.M., from the causes and on the date stated above
ATTE by th CTO			226. SIGNATURE/) 22b DATE
OR A ned b DIREC Id be	5		MD PHYS DIRECTOR PHYS
O a G p	0		Professional Arts Bldg.
\$ 48 g	6 0		Hagerstown, Maryland
HOSPI TON PE FUNER	2	230	BUR A., CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State)
Dag bog	Ē		Burial 4/16/60 Rest Haven Cemetery Hagerstown Was h Co Md.
ř ř		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
VR A1S (4) 1SM 9/59			Andrew K. Coffman Hagerstown Md. DATE 18'60 O.Thur & Kana

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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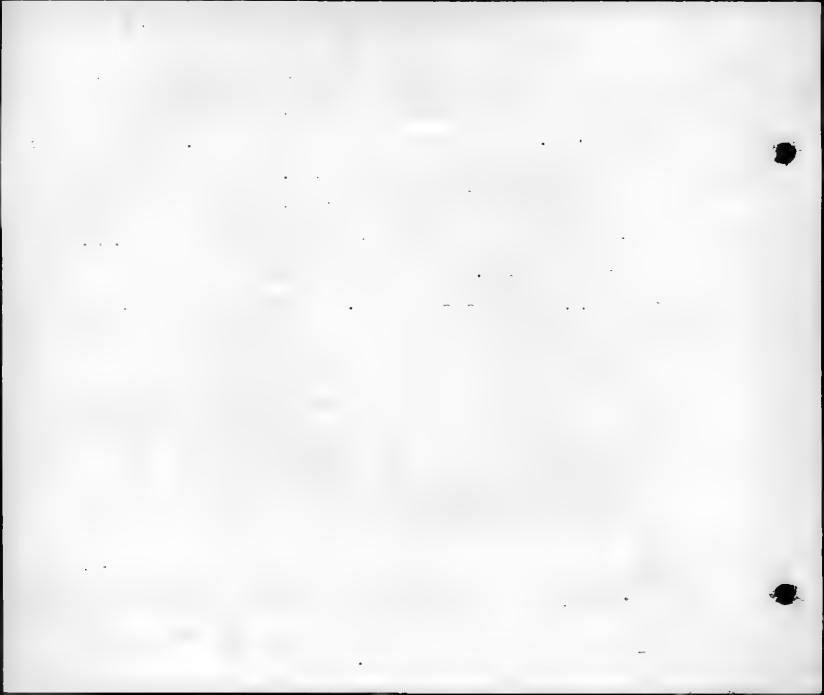
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1			UU		OEKTII TO		OI DEATH	•					
)	1. 1	PLACE OF DEATH					SUAL RESIDENCE (Where			n Residence	before or	dmission)
	'	. county Wast	nington		MARYLAND	°	Maryland b. COUNTY Washington					on	
	-	b. CITY OR TOWN (If a RURAL and give near	uts de corporate limi	ts, write	c. LENGTH OF STAY IN 18	c	CITY OR TOWN	If autsic	de carporate lin	iits, write RU			
	H	lagerstown	est towit)		8 months	s Hagerstown							
X	ľ	or estitution	1	street address 980 N	ort	hern Av	P .		0	RESIDENCE ON A FARM?			
,	2				447.144							- 1	
	1	NAME OF DECEASED (Type or print)	BRAWNER		Middle	C	ATES, JR.		DATE OF DEATH AP	ril	h	Bay	19 60
	5 5	SEX 6	COLOR OR RACE	7- MARR	RIED MEVER MARRIED		E OF BIRTH		9. AGI	E (In years birthday)			INDER 24 HRS
	m	ale	white	WIDOWE	ED DIVORCED	Fe	bruary 8,	19	23	37 yrs	Months D	lays Ho	ours Min.
	10a	. USUAL OCCUPATION	(Give kind of work of	dane 10b	KIND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (Sto	ate or f	oreign country)		12. CITIZE	NOFWH	IAT COUNTRY?
		Managers	y me, even il temao	p]	lumbing whosa	ler	Richmond	. V	irginia		U.	S.A.	
	13.	FATHER'S NAME				14,	MOTHER'S MAIDE						
_		Bra	wner Cate	s, Si	r.		Ella M	erc	hant				
Y	15	WAS DECEASED EVER I	N U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFORM	IANT			Addre	955		
T	\mathcal{Z}	yes	W.W.II	22	25-20-3921	Mrs	. Helen C	ate	s H	agerst	own.	Mary	vland
1		18 CAUSE OF DEATH	[Enter anly one co	use per lir	ne far (a), (b), and (c).]							INTERVA	L BETWEEN
		PART I. DEATH	WAS CAUSED BY:	A	cute H	8.8	mt Fa	1	ure				and Death
		4-16-Y	DUE TO										
		Canditions, if any,	, which) (b	· 1	ningetin	, a	Anrt	έ.	Ana	(/h.)	~~~	(3	200 10 1
		gave rise ta imn	nediate (त	1. 5111		*	2.171			
		cause (a), stating the lying cause last.	0nd-	,	2 hermat	IC.	Heart	D	1502.	se-0	19.	30	4 100
	<u>N</u>	PART II. OTHER	SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TEL	ŖMINA	DISEASE CON	DITION GIVE	EN IN PART 1		VAS AUTOPSY ERFORMED?
2	Z	HY Pai	rtange	Ve.	1122601	ar	D 13	23	se.				NO 🗌
-	CERTIFICATI	200 ACCIDENT WAS	UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enf	er nature of injury	in Part	I or Port II of i	tem 18.)			
		(IF EITHER, NOTIFY ME	EDICAL EXAMINER										
	MEDICAL	20c. TIME OF INJURY Hour a. m.	Month, Day, Yes			PLACE O	F INJURY (Hame, fo	erm, 2	20f. (City or tow	n)	(Co	unty)	(State)
	MEC	p. m.	19	While at war		,,		1					
		21 I certify that	(I) (this hospitol) oftend	ded the deceosed from	Te	× 29	1260	o to AP	7118	- 196C	2. that	(I) (sme) lost
		sow the deceased	d glive on A	001	Y 1960, and that	death	occurred of 2	45 M.	from the c	auses one			
		220 SIGNATURE	1	11	11								225. DATE
		Vone	A, G	14	Myran	M.D.	ATTENDING PHYS.	MED. DIREC	TOR PHY	S. 🗆		4/9	160
1		22c PHYSICIAN'S NAME (Type)	1 1	51	19		22d. ADDRESS	_	1 1	11	1	77	. /
/		1	-1676	A'-/	HOFF ma	<u></u>	214 N.	120	4.46.	Hag	erst	own	. md
	23a	BUR AL, CREMATION,	23b DATE THEREC)F	23c NAME OF CEMETERY	OR CRE	MATORY	230	LOCATION (City, tawr, b	r county)		(State)
	B	REMOVAL (Specify)	4/11/196	0	Riverview Co	emete	erv		Richmo	nd.	7	Virgi	nia
		FUNERAL DIRECTOR'S	SIGNATURE _		ADDRESS		2So. RI	FC'D BY	Y REGISTRAR	256 REGIS	TRAR'S SIGN	ATURE	
	1	Suter-Rouze		HOILE	Hagerstown.	Md.	DATE	PR 1	1 '60	Cit	lug & H	LANG	

s after death. Page 4. may be used by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave merban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

SOTA CERTIFICATE OF DEATH

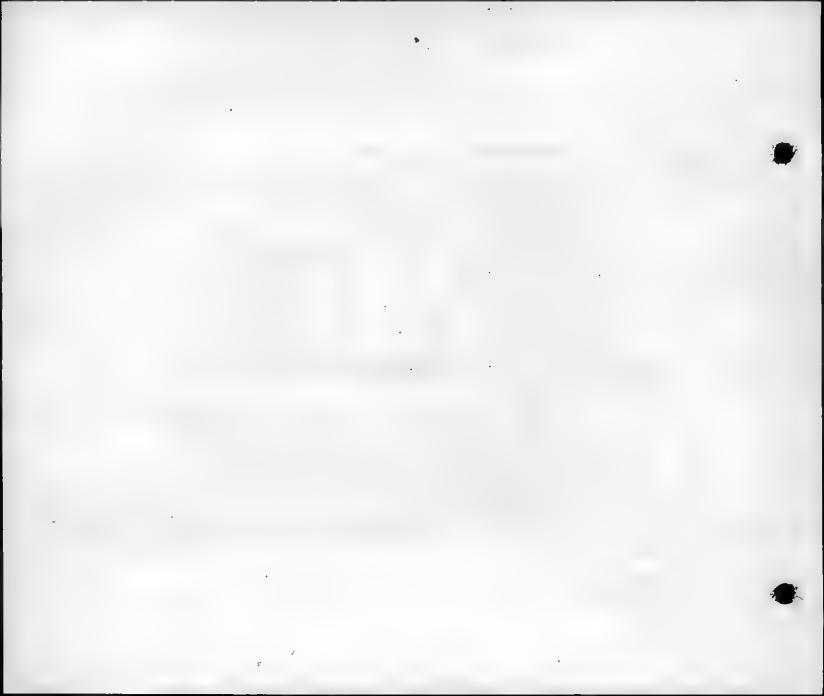
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l.	PLACE OF DEATH II. COUNTY	MARYLAND	a STATE	deceased lived. If institution- R b. COUNTY	
	b. CITY OR TOWN (If autside carporate limits, w RURAL and give nearest town)		c. CITY OR TOWN (If outsi	VI) VA ide carporate limits, write RURAI	SFIIV C. FON and give nearest town)
	HAGEIRSTOWN		1 3 HACE	RSTOWN	
	d. NAME OF HOSP TAI, (If not in hospital, give s OR INSTITUTION)	treet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
#	412 - ICLYNOLDS AV	E.	1412 KEYN	OLDS AVE	YES NO
	NECE EN First	Middle	Last 4	DATE Month	Day Year
1-	(Type or print)	- V,	CLINE	DEATH APRIL -	77 1960
5.	, +	MARRIED NEVER MARRIED	8. DATE OF BIRTH	last birthday) Ma	INDER TYEAR IF UNDER 24 HRS onths Days Hours Min
	EMALE WHITE WILL D. USUAL OCCUPATION (Give kind of work done	DOWED DIVORCED	ISTRY 11, BIRTHPLACE (Stote or	Services countries	2. CITIZEN OF WHAT COUNTRY?
100	during most of working life, even if retired)		Ban Daw	Identifications	LI C A
13.	HOUSE WITE	OWN HOME	14 MOTHER'S MAIDEN NAM	AE V/tr	T 13.41
	CEGRGE N. S	PIELMAN	ANNA	4 GOUFF	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES?		NFORMANT	Address	REUNOLDS AVE
1	N/0	NONE IN	IRS JOHN AUSI	HER NIAN HA	CF RSTOLMA MI
1	18. CAUSE OF DEATH [Enter only one cause	per line for (a). (b). and (c).]	pt. 5. D.	A Want	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hyper CHINAT -	University Jelly	11 44 / TEAM	
	443X DUE TO	Diamen Vinlly	Tration Museum	1: 1/Fil 40	15 m+
	Conditions, if any, which (b)	revience willing	and marian	May 1 willing	1" 1
	couse (o), stoting the under:		/		
Z	Pair II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN I	N PART 1(a) 19 WAS AUTOPSY
CATIC					PERFORMED? YES NO 2
CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206 OR CONTRIBUTING 205 (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Par	t I ar Part II af item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 2		LACE OF INJURY (Home, farm,	20f. (City or town)	(Caunty) (State)
MEDICAL	Haur o. m p. m. 19	While Not while ™ It work □ of work □	actary, street, affice bldg., etc.) !		
	21. I certify that (I) (this haspital) pt	ttended the deceased from	195.5 19	2. to 27 aps-	19.60, that (I) (wat last
	saw the deceased alive on 2/17		death occurred aff DM		
	220 SIGNISTURE		ATTENDING \ MED.	STAFF	22b, DATE 4 SIGNED
	22c. PEDSICIAN'S		M.D. PHYS. DIREC	CTOR PHYS	29 Apr (W
	NAME (Type)	bV	22001Pr	lima st	' /
236	g_BURIAL, CREMATION, 236 DATE THEREOF	234 NAME OF CEMETERY	OR CREMATORY 23	d LOCATION (City tawn, ar co	iunty) (State)
4	REMOVAL (Specify) ADR:30:10	60 BOOKSBOR	PEMETERY !	BOMISBORD W.	ASH. CO. M.D
24	PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25¢ REC'D 8		R S SIGNATURE
, .	tothe H. Dast 1	DOONSBORU 1	YI) DATE MAY	5 '60 auch	47 S. Kraus

after death. Page 4)RILUSE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h TO HOSP VR A15 (4) 15M 9/59

Brond

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VR A15 (4) 15M 9/59 M

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

500 CERTIFICATE OF DEATH

LAND 05029

1	CU	S CERTIFICATION			
	1 PLACE OF DEATH Washington	MARYLAND		ere deceosed lived If institutions yland b. COUNTY	Residence before admission) Frederick
	b CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RUR	RAL and give nearest town)
,	d. NAME OF HOSPITAL (If not in hospitol, give st OR NSTITUTION Western Md. State Ho	reer oddress) spital	d. STREET ADDRESS		e is residence On a farm? YES NO
	3 NAME OF First DECEASED (Type or print)	Middle Middle A.	Cook	4. DATE Month OF DEATH Car	
	5. SEX 6. COLOR OR RACE 7. A	ARRIED NEVER MARRIED DIVORCED	Jan. 4, 18	9. AGE (In years III	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Own Home	USTRY 11 BIRTHPLACE (Stole Maryla)		12. CITIZEN OF WHAT COUNTRY? U.S.A.
	13. FATHER'S NAME George Davis		14. MOTHER'S MAIDEN N		
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yearno, or unknown) (if yes, give war or dales of service)		informant irs. Goldie	Anders Thur	emont, Md.
1	1B. CAUSE OF DEATH [Enter only one couse p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under-lying cause last. (c)	er line for (0), (b), and (c)] Lebular pneu	monia, bil	aferal	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS TO CARdiac decompen	sation 5.	General Orter	ioselerosks	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of it of i					(County) (State
	21 I certify that (1) (this hospital) at saw the deceased alive an Cypril 220 SIGNATURE Victor A.	24 1960, and that	M D PHYS . M	M, from the causes and	
	22c. PHYSICIAN'S NAME (Type) VICTOR L.	·	22d. ADDRESS Western Mc	1. State Hospital, 1	Hage ishown, md.
	Burial (Specify) 4-26-60	23c NAME OF CEMETERY United Br	or CREMATORY ethern Cem.		, Maryland
	Paymond F. Creager	Thurmont, A	faryland DAMPR		RAR'S SIGNATURE



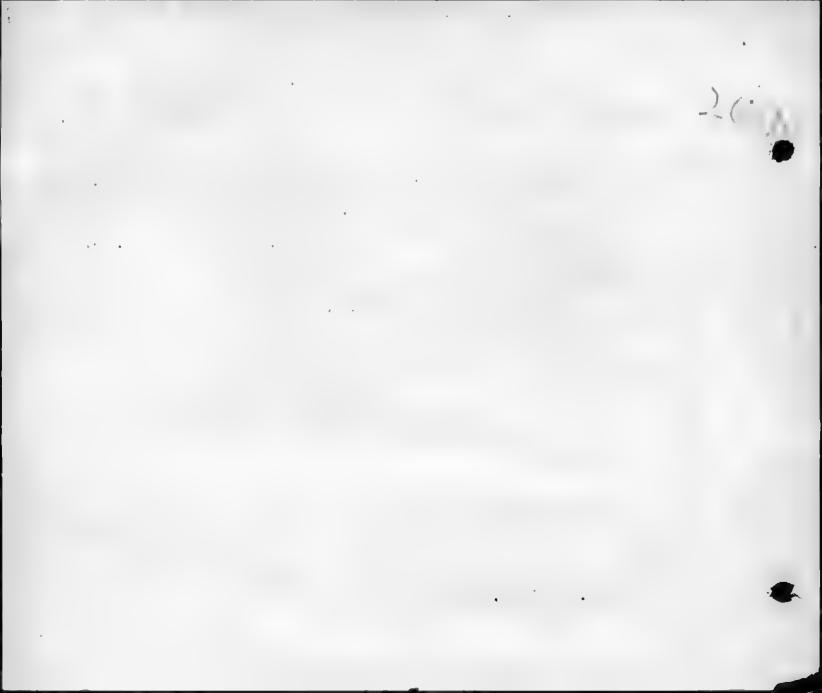
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



	MARYLAND	STATE DEPARTM	NENT OF HEALTH	-BALTIM	ORE, 18		
	510	1 CERTIFIC	ATE OF DEATH	1	9	500 E	
1. PLACE OF DEATH o COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		b. COUNTY	dence before od	
b. CITY OR TOWN (IF RURAL and give new	outside corporate limits, write arest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corporate li	mils, write RURAL or	nd give nearest I	lown)
OR INSTITUTION	Hagars town #5	21 Years	d. STREET ADDRESS		burg #2,	e. 15	RESIDENCE N A FARM?
*****	gerstown #5		Smith:	sburg #2		YES	NO 🖳
3 NAME OF DECEASED (Type or print)	First Etta	Middle Li	lost Da vis	4. DATE OF DEATH	Month Arord 7	Day	Year 19 60
5. SEX		RIED NEVER MARRIED	B. DATE OF BIRTH	las	E (In years IF UNI I birthday) Month		NDER 24 HRS
10a USUAL OCCUPATIO during most of works	N (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (Store Lantz Md		12	U.S.A.	HAT COUNTI
13 FATHER'S NAME		2000 11210	14 MOTHER'S MAIDEN N			UaDaha	
Sa	muel Pryor		Louise	Kline			
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16. f yes, give wor or dates of service)		mformant Mrs. G. Calvii		Address Hagerstos	m Md	#5
18. CAUSE OF DEAT	TH [Enter only one couse per li		- 0 >			INTERVA	LBETWEEN
PART I. DEAT	H WAS CAUSED BY	Jongestive	Farlen	4		ONSELA	ND SEATH
Conditions, if on	DUE TO y, which) (b)	Centrete	I melli	time		5	-1/20
gove rise to im		0 - 0		0			-115

Year 19 60 DER 24 HRS Min. AT COUNTRY? BETWEEN a selemoscheros lying couse lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🎏 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Day. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg., etc. Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased fram 19_60, that I last saw the deceased and that death accurred at... M, fram the causes and on the date stated abave. ADDRESS (Street, city or town, slate) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) David Hess 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 72d. LOCATION (City, Iown, ar county) (State) REMOVAL (Specify)
Burial /60 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR APR 1 8 '60

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05032

ИL	OLKIII IGAIL OI DLAIII					
1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a COUNTY.					
L	WASHINGTON MARYLAND MARYLAND WASHINGTON					
	b. CITY OR TOWN (If aulside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)					
	HAGERSTOWN 3 DAUS. I THAGERSTOWN					
1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ON A STREET ADDRESS ON A FARM? ON A STREET ADDRESS ON A FARM? VALUE OF A STREET ADDRESS ON A FARM? VALUE OF A STREET ADDRESS ON A FARM?					
3	NAME OF First Middle Last 4. DATE Month Day Year					
ľ	(Type or print) ADAN SAMUEL DIETERICH DEATH ADRIL - 22 - 19 (50)					
S	SEX 16 COLOR OR RACE 7 MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years I FUNDER) YEAR IF UNDER 24 HRS					
ı	MALE (ALM 17 F WIDOWED DIVORCED ALIC . 741 - 1891 last birthday) Manths Days Hours Min.					
1	Da. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?					
ı	RETIRED RANGBORN CORP. WASH, CO. MO. U.S.A.					
1	FATHER'S NAME					
	SAMUEL DIETERICH MARTHA VANOREAU					
4	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT					
	ISINAVUI (If you give war or decles of service) 217-18-7812 MPSIMABLE DIETERICH HAGERSTOWN MD.					
F	11B. CAUSE OF DEATH [Enter gnly one cause per line for (o), (b), and (c).]					
Т	PART I. DEATH WAS CAUSED BY: Cerebral hemorphage 21 days					
	2 21 X DIE TO					
1	Conditions, if ony, which) (b) Cerebral arteriosclerosis and vascular					
ı	gave rise to immediate cause (a), stating the under-					
ı	lying cause last. (c)					
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?					
	YES NO 📆					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 20a ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
3	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a. m. P. m. 19 of wark at work at work wark wark					
	Haur a. m. While Nal while factory, street, affice bldg., etc.)					
	21.1 certify that (I) (this hospital) attended the deceased from Jan. 19.58 to April 29, 160, that (I) (we) last					
١	saw the deceased alive an April 299.60, and that death accurred at M, from the causes and an the date stated above					
	22a. SIGNATURE / 22b DATE					
Т	ATTENDING MED DIRECTOR STAFF May 2, 1960 PHYS					
1	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 148 West Washington Street					
	B. B. Kneisley, M.D. Hagerstown, Laryland					
1	30 BLR AL, CREMATION, 236 DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State)					
-	BURLAL MAY 13. 1400 CRONOBORD CEMETERY DOONSBORD WASH, CO.M.P.					
1	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS 560 CALLING S. FLOWER					
	Letur X1, 122-0 DOONSBORD IIID, DATE MAY 5 60 Cirtur S. Thinks					

may be ned by the hospital ar attending physician.

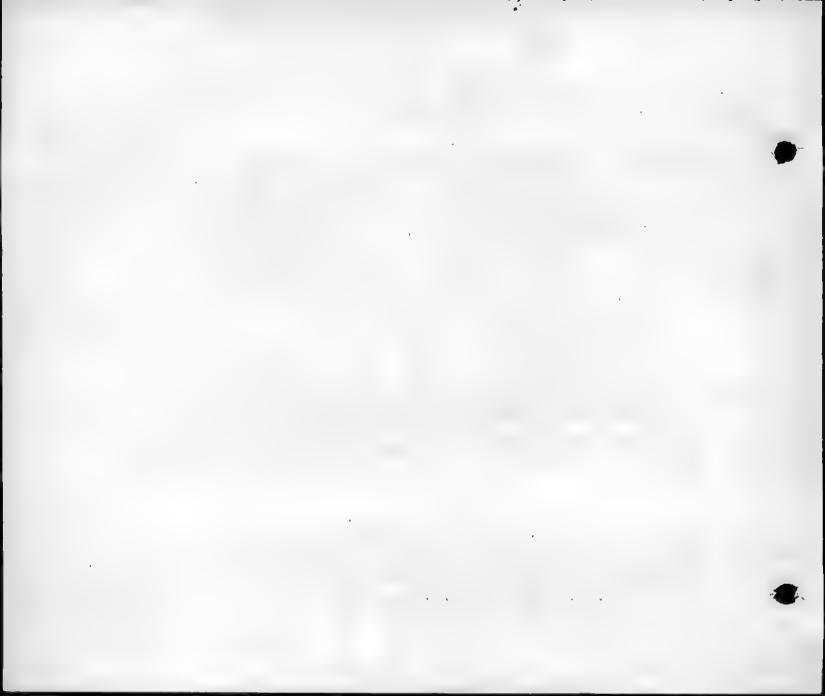
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled 77 by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs offer death VR A1S (4) 15M 9/59

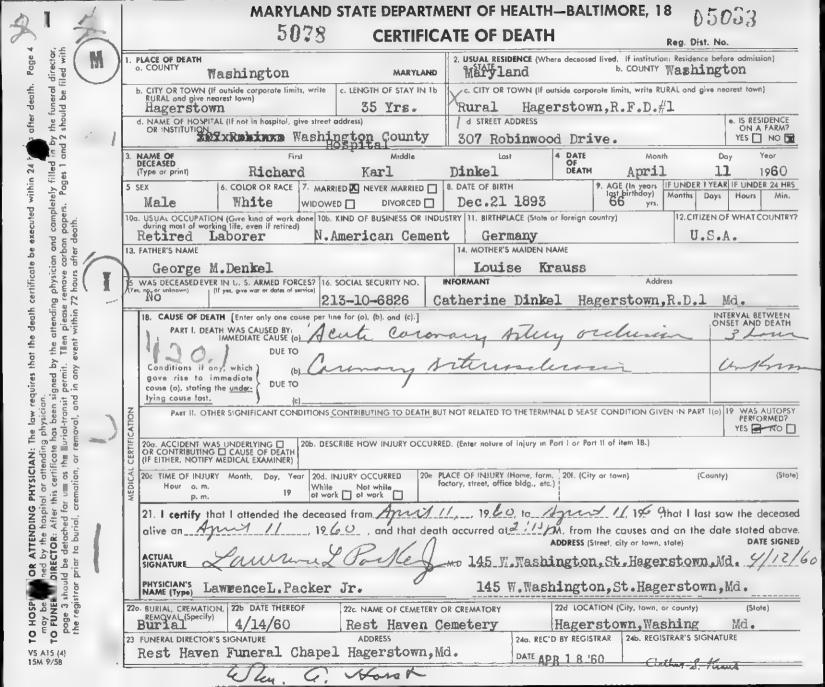
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h

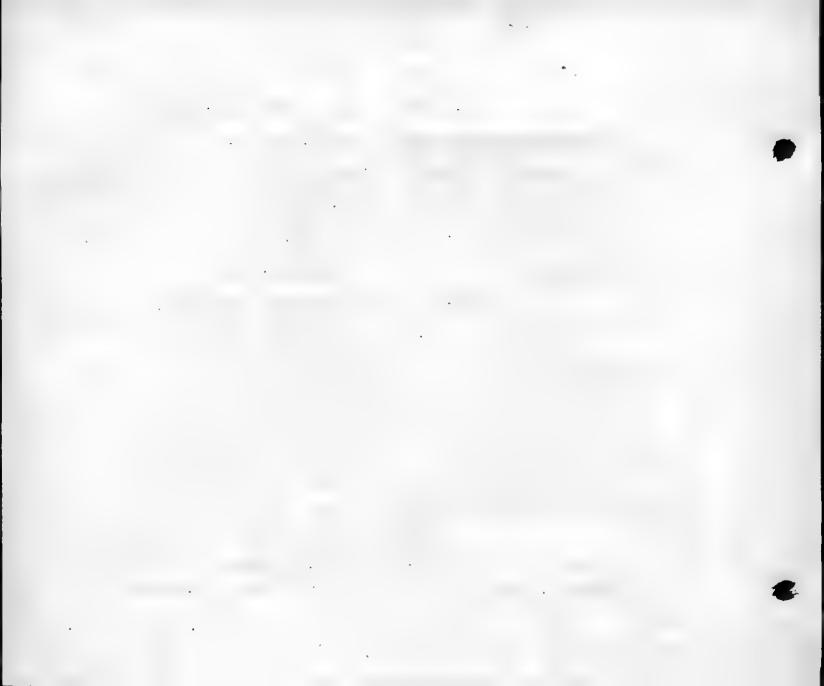
TO HOSPI

W. KTAS-(S間

s ofter death. Page







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

XOSE

5100 **CERTIFICATE OF DEATH** Rea, Dist. No. be filed with director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission * COUNTY Washington **b.** COUNTY MARYLAND Penna. Cumberland uneral b CITY OR TOWN (If outside carporole fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown R.D.5 6 weeks Shiremanstown d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Brook Lane Farm 12 S. Stoner Ave YES IN NO IX NAME OF Middle 4. DATE Day Year DECEASED 1060 (Type or print) DEATH Doner Cora IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE [In years los birthdoy) Months Days Hours Dec. 15. 1878 WIDOWED | DIVORCED female white yrs 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? New York State U.S.A. House wife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending physician Eliza Eshelman Andrew Herr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANI Address Mrs. Mark L. Winger Shiremanstown, Pa. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ă PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES NO A 200. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stole) (County) foctory, street, affice bldg., etc.) While Not while p. m. ot work 🔲 ot work 19.12, to 19.21 19. that I last sow the deceased 21. I certify that I offended the deceased from.____ , and that death accurred of it. A. M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Brook Lane Farm Hage rstown U. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City town, or county) (State) REMOVAL (Specify) BUTIAL "achanicsburg Pa. Mechanicsburg Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) Mechanicsburg, Pa. DATE 15M 10/57

ofter death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPINAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 haves after deoth. Page 4 may be anneaby the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, at removal, and in any event, within 72 hours after death.

VR A15 (III) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

.5102 — CERTIFICATE OF DEATH

V		TOD BUT	# (# < b 4 - < () - (b	1 0 5	
PLACE OF DEATH		MARYLAND	a STATE	here deceased lived. If institution Reside b. COUNTY	
Washingto		c. LENGTH OF STAY IN 16	Maryla:	nd Washingtor outside corporate limits, write RURAL and	give negrest town)
RURAL and give nearest fown	73 // 6	3Yrs	V ==		,
d. NAME OF HOSPITAL (If not a OR INSTITUTION	n haspital, give stree		d. STREET ADDRESS	rstown R # 6	e IS RESIDENCE
	oss Road		Lappans	Cross Roads	YES NO
3. NAME OF	First	Middle	Lost	4. DATE Month	Day Yeor
	RACE	PEARL	DORSEY	OF DEATH April 14	1960 19
5 SEX 6. COLO	R OR RACE 7 MAI	RRIED NEVER MARRIED	B DATE OF BIRTH	1920 AGE (n years IF UNDE	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
	lite WIDOV		March 14 1	960 40 yrs	
10a USUAL OCCUPATION (Give ke during most of working life, ev	nd of work done 10t en if retired)	. KIND OF BUSINESS OR INC	USTRY 11 BIRTHPLACE (Stofe	D.	TIZEN OF WHAT COUNTRY?
Housewife		Own Home	Princeton	Mercer Co Pa	USA
13. FATHER'S NAME	Vocatno		14. MOTHER'S MAIDEN I	_	
William H.	-		INFORMANT	Grubb	
(Ye), no, or unknown) [If yes, give w	or or doles of service)				
No				sey 116 No Jonat	- I a minorman transmit
18 CAUSE OF DEATH [Enter		line for (a), (b), and (c).	nat	gerstown Md.	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIA	TE CAUSE (o)	Crebral	Vremore	lage	3 days
443X	DUE TO	Hunita	Carling	600.0- 10.000.	
Conditions, if any which gove rise to immediate	101	Harpens	se cere 1	article process	6 yus
lying cause lost.	DUE TO				
PART II. OTHER SIGNIF	CANT CONDITIONS	CONTRIBUTING TO DEATH B	IT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
ICAI		aclepsy	(15	years.	YES NO
PART II. OTHER SIGNIF	OF DEATH	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part 1 or Port II of item 18]	
ZOC TIME OF INJURY Month, Hour a.m.			PLACE OF INJURY (Home, form	m, 20f. (City or tawn)	(County) (State
Hour a.m.	19 While	s Not while ark ot work	octory, street, office bldg., etc	6.)	
21 I certify that (I) (thi	s haspital) atter	ided the deceased from	Same 1 . 19	50, to H-14 , 19	(cc) that (i) (we) last
saw the deceased alive	L/			⁹ M, fram the causes and an th	e date stated above.
220 SIGNATURE	PO		ATTENDINGM	AED STAFF	22b DATE SIGNED
16 Kent	1. 20	rusad	M.D. PHYS. D	RECTOR PHYS	4-15-60
22c PHYSICIAN'S PO K	vert P.	Corrrad	137W.Wq	ish. Hagursto	10 m, 777d.
	ATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, fown, or county)	(State)
Burial 4/	16/60	Rose mill	Cemetery	Hagerstown Was	AR THE STATE OF TH
24. FUNERAL DIRECTOR'S SIGNATO		ADDRESS 11	25q. REC	'D BY REGISTRAR'S S	
Andrew K. Uc	ffman He	Loeratown Md	DATE A S	DR 18'60 Claller &	Thank

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

05037

o. COUNTY	Washington		MARYLAND	o. STATE	NCE (Where dece	osed lived If instit b. COUN	TY Washi	
RURAL and give	(If outside corporate limit	s, write c. LENG1	H OF STAY IN TE	02	WN (If outside co	•	RURAL and give ne	grest town)
OR INSTITUTION	PITAL (If not in hospital, gi	ive street address)		/d. STREET ADD	RESS 9 Ridge	Ave.,		e. IS RESIDENCE ON A FARM? YES NO
). NAME OF DECEASED (Type or print)	Mamie	it	Middle	Dye	4. DAT OF DEA		denth D	y Year 4 19 6 0
female	6 COLOR OR RACE white	7- MARRIED NE	VER MARRIED DIVORCED	B. DATE OF BIRTH	1903	9. AGE (In year lost birthdo) 57	Months Doys	Hours Min.
Oa USUAL OCCUPAT during most of we house	ION (Give kind of work or orking life, even if retired)	lone 10b. KIND OF hom	BUSINESS OR INC	OUSTRY 1). BIRTHPLAC	E (State or fores)	in country)	12. CITIZEN O	F WHAT COUNTRY
3. FATHER'S NAME	5. *			14. MOTHER'S MA				
	alter Lang	I.:			ettie D			
(vs. no. or unknown)	/ER IN U. S. ARMED FORG			INFORMANT Miss Brenda	L. Dye		stewn, Md	•
Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying cause last. (b) ACICNO-CA OF (ITERUS) (c)								
PART II. O	THER SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH B	UT NOT RELATED TO TH	HE TERMINAL DIS	EASE CONDITION (G VEN IN PART 1(a)	PERFORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HOV	V INJURY OCCUR	RED. (Enter noture of it	njury in Port I or	Part II of item 18.)		
20c. TIME OF INJ Hour a. m	10		while	PLACE OF INJURY (Hor foctory, street, affice b	me, farm, 20f (ldg , etc.)	City or town)	(County) (Sto
	nat (1) (this haspital ased alive an App		<i>p</i>	death accurred		-	/	hat (I) (we) la e stated <mark>ab</mark> avi
220. SIGNATURE	in a. Me	van M.	D.	M.D ATTENDING	MED DIRECTOR			4/2576
22c PHYS/CIAN'S NAME (Type	JOHN A.	MORAN	M.D.	22d. ADDRESS 2/5/h	3 1 1	HINGTON	ST. HAG	ERSTOW
		5 00 114	ALC OF CONTENT	OR CREMATORY	224 16	CATIONI (C.A. A.		
BURIAL, CREMAT	23b. DATE THEREO 4-27-60		Rose Hil			agerstown		Md.

may: No.ined by the haspital at attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or removal, and in any event within 72 haurs after death. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOS VR A15 (4) 15M 9/59

rs after death, Page



mertificate death ö 0 VS A1S (4) ISM 9/58

220. BURIAL, CREMATION.

23 FUNERAL DIRECTOR'S SIGNATURE

4-18-60

Address C. Forcino INTERVAL BETWEEN ONSET AND DEATH 2003/5, PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🔽 (County) (State) 14 Abail , 1960, that I last saw the deceased and that death accurred at A.M. fram the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED 115 W. Washington 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22s, NAME OF CEMETERY OR CREMATORY (Stote) Rest Haven Cemetery Hagerstown **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Scott F. Minnich & Son DATE APR 1 8 '60 Md. aritur & Kraus Hag erstown

05028

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

U. S. A.

12 CITIZEN OF WHAT COUNTRY?

Days

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

60

Reg. Dist. No.

Manths

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

5000

CERTIFICATE OF DEATH

			000			
1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO STATE Naryland	rere deceased fived If institution: Residence by COUNTY Washington	pefare admission)		
b CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 16	1	sutside carporate limits, write RURAL and give	nearest town)		
RURAL and give nearest town)	3 Yrs	× Sharpsburg				
d NAME OF HOSPITAL (If not in haspital, give street		/d STREET ADDRESS	ur g	e 15 RESIDENCE		
OR INSTITUTION	ng Home	Antieta	m Q+	ON A FARM? YES NO THE		
		1	1			
3. NAME OF DECEASED (Type or print) RUTH NUNA	MAKER FORE	MAN Lost	4. DATE Month OF April 6 1960	Day Year		
S. SEX 6. COLOR OR RACE 7. MA	RRIED 🗌 NEVER MARRIED 🔲	8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YI	EAR IF UNDER 24 HRS		
Female White WIDO	WEDY DIVORCED	March 23 1	893 67 yrs Months Do	ys Hours Min.		
10a. USUAL OCCUPAT ON (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country) 12 CITIZEN	OF WHAT COUNTRY?		
Housewife	Own Home	Hagersto	wn Wash Co 4Md.	USA		
13 FATHER'S NAME		14. MOTHER'S MAIDEN N				
Eavey Nunamaker		No Re	sord			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 11 [Yes, no or unknown] [[If yes, give wor or dails of service]	6. SOCIAL SECURITY NO. 17 II	NFORMANT	Address			
No	None Ca	reyle M. F	oreman 453 W. Ant	ietam St		
18 CAUSE OF DEATH [Enter only one couse per	tine far (a), (b), and (c).]	Hagerstown	Mg-D	INTERVAL BETWEEN		
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Carolia	MISCHLE	Circles	DNSET AND DEATH		
422.1 DUE TO		1 (0		(
Condition if one which)	MLIAN	in Mul	11.0	Win		
gave rise to immediate				10/		
lying cause last (c).	Melij	& SCH	who -			
PART 11. OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NALD SEASE CONDITION GIVEN IN PART 16	19. WAS AUTOPSY PERFORMED?		
3 none	x cens	> Arrives	I LAM. OF DO	YES NO		
PART 11. OTHER SIGNIFICANT CONDITION: 20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II of (tem 18.)			
3 20c. TIME OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Hame, farm		nty) (State)		
20c. TIME OF INJURY Month, Day, Year 20d. Haur a.m., Whi	le Not while for	ctory, street, office bldg., etc.	-1			
		+ 10 1	The Contract of sola	41 4 215 (
21 1 certify that (I) (this haspital) atte	L- 60	1		that (1) (we) last		
saw the deceased alive an	and that c	leath accurred at 2	M, fram the causes and an the d	ate stated above		
2.00. 510things	Work	ATTENDING MI	ED STAFF	SIGNED		
2 PHYSICIAN'S	A MANA	M.D. PHYS DI	RECTOR PHYS	4-8-60		
NAME (Type) 1- DWIS G. G.	RAFF MI). 119 E. ani	tietum St Houset	tine will		
23g BURIA, CREMAT ON, 23b, DATE THEREOF	23c. NAME OF CEMETERY O	D CREMATORY	23d. LOCATION (City, town, orlcounty)	(State)		
REMOVAL (Specify)			77			
Burial 4/9/60	POSE HILL U	emetery	D BY REGISTRAR 256, REGISTRAR'S SIGNA			
	agerstown Md.	A	PR 1 1 '60 Cullun 2			
I WINTER TO OUT INSTITUTE	TRELEGIET MG.	DATE PA	W ***			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

420.0

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VR A15 [4] 15M 9/59

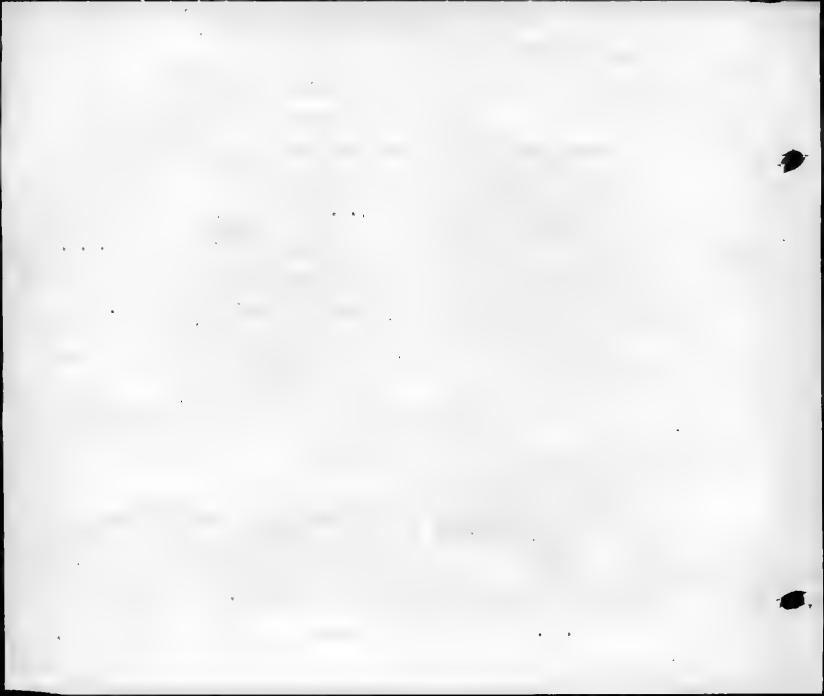
MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

100	CERTIFICATE	OF	DEAT	Ή
10.	II .			

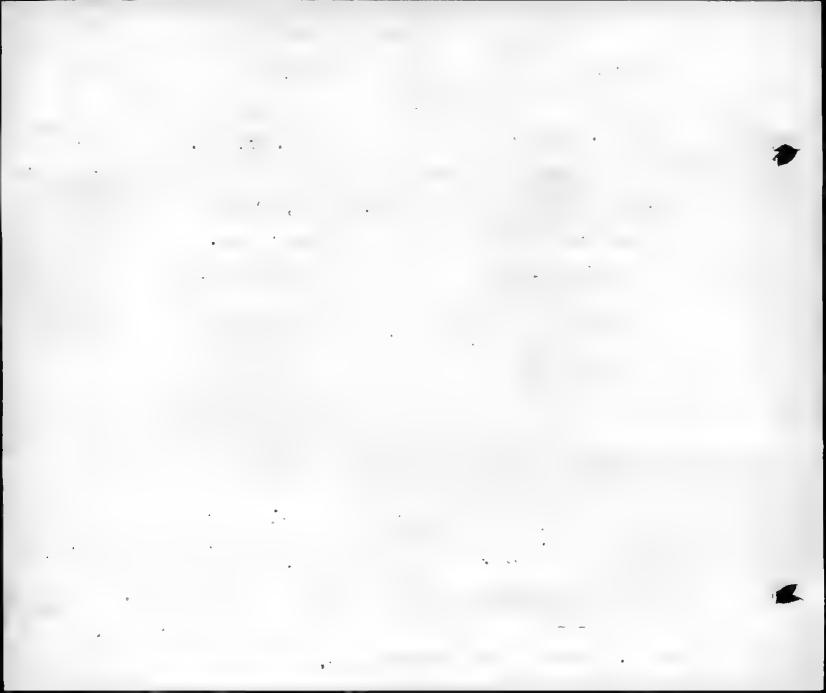
	ACE OF DEATH COUNTY	-0			2	. USUAL RESID	ENCE (Wh	ere deceased liv		on: Residence	before adn	nission)
		Washingto	on	MARYLAI	ND		rafv	đ	b. COUNTY	Was	hino	ton
	CITY OR TOWN I	(If autside corporate lim learest tawn)		Life	1ь	c. CITY OR TO	SWN (If o	utside corporate	_			
ď		TAL (If not in hospital,	give street oddr		1	d. STREET AD		arylm	<u>a</u>			ESIDENCE A FARM?
		Home				Fairy	iew	Drive			YES	□ NO-E
DE	ME OF CEASED		rst	Middle		Last		4. DATE OF DEATH	Man	th	Day	Yeor
	pe or print)		garet	Grave		Franc:	18		4	lie iii man i	23	19 6
5. SEX	posts.	6. COLOR OR RACE	7 MARRIED]	NEVER MARRIED	□ 8. I	DATE OF BIRTH			AGE (In years last birthday)	Manths D	ays Hou	
	-W- F	Black	WIDOWED [] DIVORCED [7.2.18		7	6 yrs.	9 6	21	
10a. U	ISUAL OCCUPATION OF WORLD	ON (Give kind of work rking life, even if retired	1)					or Count				TCOUNTRY
12 EA	THER'S NAME	MITTO		Housewife		14. MOTHER'S		on Mar	ATSUG		I.S.A	
13. FA												
		ey Brumba			-		abet.	h Long				
15. W {Yes, n	AS DECEASED EVI	ER IN U. S. ARMED FOI (If yes, give wor or dates of t		IAL SECURITY NO.	17, INFO	RMANT			Add	ress		
	No		N	one	Th	omas	Fr	ancis	Hancoc	k Md.		
18	. CAUSE OF DE	ATH [Enter anly one co	ause per line fo	(c) (b) (and (c)]	,	71			Bent		INTERVAL	BETWEEN ND DEATH
	PART 1 DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	. /	hit	126	C/1	41	Caro	Ullis	de la	UNSET AF	ND DEATH
	Star .	DUE TO		1 5			5	/			30	
	Canditions, if	inv which)		1141	13.	11. F	201	111	121		21	720
1 1	gave rise to	immediate (7	_	- 6	1	7	L C			
	couse (a), stating lying couse last	the <u>under-</u> DUE TO) (1	walk	2	the C	ai	sea.	16			
Z Ö	PART II. OT	HER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEATH	BUT NO	OT RELATED TO	THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART	(a) 19. WA	S AUTOPSY
FICATION						1						NO F
튎습	Do ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER	206. DESCRIB	HOW INJURY OCC	URRED. (Enter natural	injury in I	Part I or Port II	of item 18.)			
		RY Month, Day, Ye		20	- DIACT	OF BUILDY BU	6	2005 2001		10		101.4
WEDICAL SCAL	Haur a.m.		While	Nat while	factor	OF INJURY (H y, street, affice	ame, rarm bldg., etc.	, 20f. (City or	TOWN)	(Ca	unity)	(State
₹	p. m.	19	at wark 🗌					V /	1			
2	1 certify the	at (I) (this haspita	l) attended	the deceased fro	am	Lin	4 49	06 to 1	172	2 1961	that (I	(we) las
S	gw the deced	sed alive an	6222	239 and th	at dec	th occurred	122	M, fram the	causes an			
2	2a. SIGNATURE	11/201	1/		,	T						22b. DAJE
		1///	N/12	anyou	M E	ATTENDING		ED. RECTOR	STAFF PHYS. []		ille	SIGNE
2	2c PHYS CIAN'S		1/-	11/1	,	22d. ADDRES		, ,			110	11
1/2	NAME (Type)	AFFER -	-/1/1 m	CCCK			M	ich,			1	
23o B	IURIAL, CREMATIO	ON, 236 DATE THERE	OF 23	NAME OF CEMETE	RY OR C	REMATORY		23d. LOCATIO	V (City, town.)	ar county)	15	tate)
	EMOVAL (Specify)										
24 FI	Burial		0 I I	Riverviev ADDRESS	- Ce	meter	75a PEC'	LHANCO	NAS	STRAR'S SIGN		d.
11	, am since (o)	011	_ 1.	/	0.	0	AP	R 2 9 '60		Thur &		
1	TO(1) 11 -	DX Sun	A) IV	77	Le 3	nox	DATE "				-	



ofter death.

certificate

that the death



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/		5003 T	tem 2	CERIJFIC	All	F OF DE	AIH	ا ا		(. 0 (
	1. PLACE OF DEATH a. COUNTY Was	nington		MARYLAN	- 11	a. STATE	ence (who		l lived. If institution b. COUNTY	wash	_		ian)
	b. CITY OR TOWN (If RURAL and give nec		ls, write	15 years	16	- 9	own (If at Hager:	•	rate limits, write RI	JRAL and g	d give nearest town)		
(d. NAME OF HOSPITA OR INSTITUTION KK. 24 Bro	L (If not in hospitol, go	ive street o	7 1 - 11	1	d. STREET AC 24 Br	DRESS						FARM?
	3. NAME OF DECEASED (Type or print)	PROBERT FU	şt	W OODF ORD		GRADY		4. DATE OF DEATH	April	th	29		1960
	s sex male	6 COLOR OR RACE white	7. MARRI WIDOWE	DIVORCED	_	ay 8, 1	897		9. AGE (In years last birthday) 62 yrs.	Months	PYEAR Days	Hours	Min.
)	100 USUAL OCCUPATION during most of working Salesman	N (Give kind of warking life, even if retired	1	KIND OF BUSINESS OR II ectrical Who					ountry) V. Caroli		U.S		OUNTRY?
	13. FATHER'S NAME Henry	G. Grady				14. MOTHER'S			E. Perkir	ns			
	IS. WAS DECEASED EVER (Yes, no. or unknown)	IN U. S. ARMED FOR	פריינים (מסייים	7-05-6366		• Opal	Grady	Ha	Addi gerstown,		lan	d	
	PART I, DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which pove rise to immediate											INTERVAL BETWEEN ONSET AND DEATH	
31	Cause (a), stating to lying cause lost. PART II, OTHI 200 ACCIDENT WAS OR CONTRIBUTINGS (IF EITHER, NOTIFY)	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	te	· Zu	Wite	دمه		EN IN PAR	[](a)]	9 WAS PERFO YES	RMED?
	ZOc. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Ye	or 20d In While at work	Not while		E OF INJURY (F ry, street, affice			ar tawn)	(C	aunty)		(State)
	21 I certify that saw the decease 220 SIGNATURE 22c PHYSICIAN S NAME (Type)) attend 29 Sel	led the deceased from 1960, and the		ATTENDING	ot 2_	M, fram	the causes an		date	stated	
	230. BURIAL, CREMAT OF REMOVA, (Spec fy) Burial			23c NAME OF CEMETE			70	23d. LOCAT	TION (City, town,			(Stat	
	24 FUNERAL DIRECTOR'S	SIGNATURE	.960	Rest Haver			2So REC'E	Hage:		STRAR'S SIC	SNATUI	RE	land
	Suter - Roy	zer Funer	al Ho	me Hagerstow	m. I	Md.	DATE	MAY 2	'60 (Irlling .	8. 10	Assas	

's after death. Page 4

the attending physician and campletely filled 17 by the funeral director. Then please remave carbon papers. Pages 1 and 2 should be filled with

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 114 h. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, or remaval, and in any event, within Attracts after death TO HOSPI

VR A1S (4) 1SM 9/S9

die to the service of the service of

VS. A15ME(5) 5M 9755 Ų.

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MA	RYLAND STA	TE DEPARTME	NT OF HEALTH-	-BALTIMORE,	1
510:	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	

050 ± 1

)	1. PLACE OF DEATH a. COUNTY				deceased lived. If Instituti										
	Washington	1	MARYLAND Q. ST.	Marylan	id 5. COUNTY	Washin	gton								
	b. CITY OR TOWN Iff outside corporate limits and give nearest town)		STAY IN 16 c. CI	Y OR TOWN (If outsice	le corporate limits, write l	URAL and give a	Borest fown)								
	Rural Hagersto	DWC CIWC	<u> </u>	Rural	Hagerstown	1									
,	d. NAME OF HOSPITAL OR INSTITUTIO	N (If not in hospitol, give street o	d. ST	REET ADDRESS			e. IS RESIDENCE ON A FARM?								
	Route 40 East			Route	1		YES NO L								
	3. NAME OF DECEASED (Type or print) Alfred	Fint Gordon	Graff	Lost 4. DA	Ath April	. Doy	1960								
	Male 6. COLOR OF RA	ACE 7- MARRIED A NEVER M	ARRIED B. DATE OF	11, 1895	lost birthday)	Months Days	Hours Min.								
	10a. USUAL OCCUPATION (Give kind of w during most of working life, even if refin	rork done 10b. KIND OF BUSINES	S OR INDUSTRY 11. BI	ETHPLACE (Stole or for	wign country)		F WHAT COUNTRY?								
	Contractor	House Bu	ilding St	ratford	Canada	U . 3	S. A.								
	13. FATHER'S NAME		14. MOT	ER'S MAIDEN NAME											
	William F			Carolin	e Zinn										
'	15. WAS DECEASED EVER IN U. S. ARMED	tes of service)			Address										
	ရဲ့ မိစ နှစ	284-16-9	202 Mrs	Adela M.	Graff Hag.	Rt. 1									
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION, ATHEROSCLEROTIC Instant 420 DUE TO															
												Conditions, if any, which	LT. VENTRIC	LE S	sev. years
												(o), stoting the underlying DUE		CULAR HYPER	TIPODEIV
	Couse lost.	(c) THEFT VENTILLE			USEASE CONDITION, CIVE	ALINI SACTIVANI	VACALIA DAVIA O								
)_		CONTRACTOR CONTRIBUTION TO	DEATH BUT NOT RECOT	D TO THE TERMINALD	ISEASE CONDITION OFFE		PERFORMED?								
	t i i	20b. DESCRIBE HOW INJURY C	OCCURRED. (Enter nature	of injury in Port 1 or I	Port II of item 18.)										
	20c. TIME OF INJURY Month, Day		Anna and anna a	URY (Home, form, 20)	F. (City or fown)	(County)	(Stote)								
	Hour a. m.	19 While Not while at work of work													
	21. I certify that I took cha	rge of the remains desc	ribed above, held	f an Autopsy 🗔	, Inspection ,	Inquiry 🔲	, and find that								
	death resulted from: Natur	ral causes 🔽, Accident	🔲, Suicide 🔲	, Homicide 🔲,	, Undetermined co	iuse 🔲.									
		7 77	7				DATE SIGNED								
P	SIGNATURE SIGNATURE	way II	M.D. CI	HEF MEDICAL EXAMIN	ER 🗆		DAIL STORES								
į.	EXAMINER'S			SISTANT MEDICAL EX											
	NAME (Type) E. W. Ditt			PUTY MEDICAL EXAMI		4/2/0									
	220 BURIAL CREMATION, 226. DATE THE		EMETERY OR CREMATO		LOCATION (City, town, or	20 00 00	(Stote)								
	Burial 4-6-6 23. FUNERAL DIRECTOR'S SIGNATURE	OU KOSE .	Hill Ceme	24g, REC'D BY	Hagerstown	RAR'S SIGNATUI	PF .								
	Scott F. Minnich		rstown M	DATE APR 5		Lun S. Him									
	The state of the s	TTDA		T T DAIR ME IL U											



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

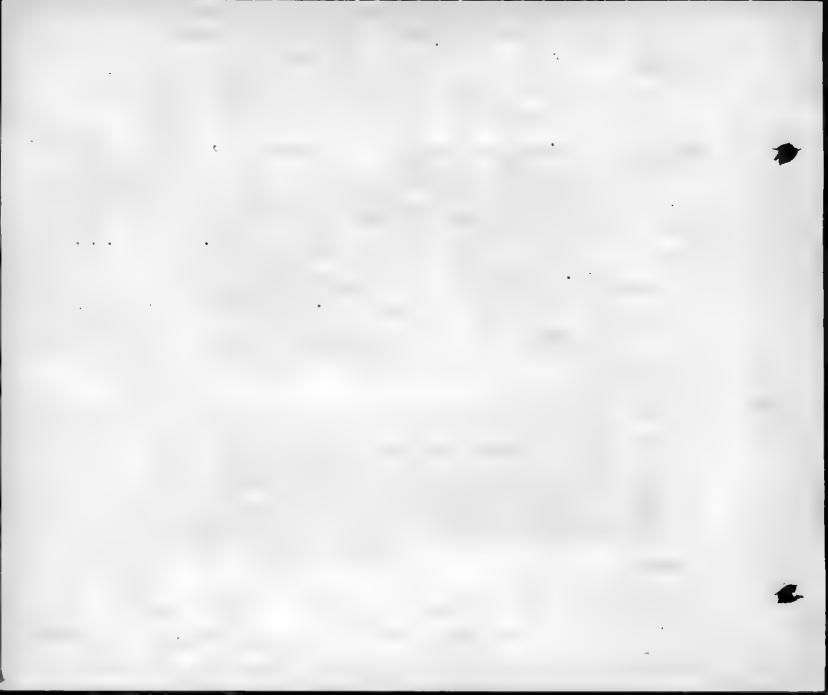
05049

Reg. Dist. No.

1	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	Was	hington		MARYLA	ND	o. STATE Maryland b. COUNTY Washington							
	b. CITY OR TOWN (If a ond give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	16	c. CITY OR	TOWN (If outside o	orporate limits, writ	e RURAL and gi	ve nearest to	wn)		
	Hagerstow	n		23 years		03	Hagerstow	m					
Г	d. NAME OF HOSPITA	L OR INSTITUTION (f not in ho	spital, give street address)		,d. STREET A	ADDRESS			e, 15 RE	SIDENCE		
L	933 Swm	it Ave.				933 Summit Ave.							
3	I. NAME OF DECEASED	Fin		Middle		Lost	COR.	Mor			90r		
	(Type or print)	TAWRE	NCE	WILKENSO	N	GUII	LLARD DEATI	April	1	.5	, 60		
5	. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED] 8.	DATE OF BIRTH		9. AGE (in years lost birthday)	IF UNDER TY		ER 24 HRS.		
	male	white	WIDOWE		- 1	December		62 yrs	Months Da	ys Hours	Min.		
٦	On. USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	done 10b.	KIND OF BUSINESS OR INC	USTI	RY 11. BIRTHPL	ACE (Stole or foreign	country)	12. CITIZE	OF WHAT	COUNTRY?		
4	Car Rep		se	elf employed		Wells	Tannery,	Pa.	U.	S.A.			
/[1	3. FATHER'S NAME					14. MOTHER'S	MAIDEN NAME						
Peter M. Guillard Drusilla ?													
	15. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 1	7. IN	FORMANT		Addre	3				
ľ	no	to have dien man au acress of	activity		Les	ster L.	Guillard	Hager	stown,	Maryla	ınd		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)										EN			
										Mario de			
1	14	DUE TO			2 62		The same of the sa						
	Conditions, if an	and the A		•									
	gove rise to immedi	ate couse											
1	(o), stoling the w	nderlying (c)											
			DITIONS C	ONTRIBUTING TO DEATH B	UT N	OT RELATED TO	THE TERMINAL DISE	ASE CONDITION G	IVEN IN PART 10	0119. WAS /	AUTOPSY		
	PART II. OTHE								,	PERFO	RMED?		
	20g. EXTERNAL CAUS	SE WAS 20	b. DESCRIB	E HOW INJURY OCCURRE). (Er	nter nature of in	ivry in Port I or Port	U of item 18.1		723 [_]	110		
		TRIBUTING 🗆			•								
	20c. TIME OF INJURY Hour o.m.	Month, Day, Yea	1		PLAC	E OF INJURY (H	lome, form, 20f. (C	ity or town)	(County	}	(Stote)		
	Hour o.m.	19	While of we	le Not while ork ot work	10010	ng, sugar, critica	ong, en,						
	21. I certify the	at I taak charge	of the	remains described a	bov	ve, held an	Autopsy .	Inspection Z	- Inquiry	, and I	find that		
	death resulted	from: Natural	causes [Accident [],	Suic	ide 🗍, H	amic i de 🔲, 🗆	Undetermined	cause 🔲.	_			
	1		0 >	+									
3	SIGNATURE	2011	LU	1 /2		M.D. CHIEF M	EDICAL EXAMINER	3	111	DATE S	IGNED		
1		7-				ASSISTAL	NT MEDICAL EXAMI	NER 🛄	7//	6//	1		
	EXAMINER'S NAME (Type)	7 - 10	13	1/107		DEPUTY	MEDICAL EXAMINER	2-		160			
2	20. BURIAL, CREMATION		*	22c. NAME OF CEMETERY	OR (CREMATORY	22d. tOC	ATION (City, town	or county)	(State)		
	REMOVAL Specify) Burial	4/18/196	0	Rose Hill (lem	eterv	Hag	erstown.		Maryla	and		
2	3 FUNERAL DIRECTOR'S	SIGNATURE	17	ADDRESS			240. REC'D BY REG	STRAR 246. REG	ISTRAR'S SIGNA	TURE			
	Suter-Rouze	r runera i	nome	Hagerstown,	Ma	ryland	DATE #PR 2 ()	'60	William & A	Course			
- L	as increased	- Jens		,		0	DAIL BANK S	00 6	and should be I	dalla			

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or removal.



MARYLAND STATE DEPARTMENT OF HEALTH 5005 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

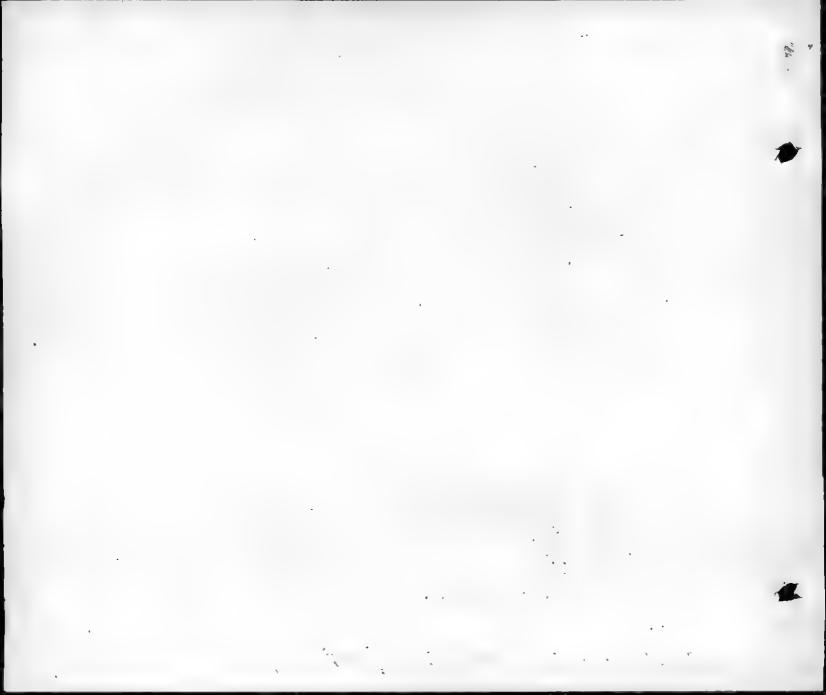
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	1 F	PLACE OF DEATH COUNTY Mashi	ington	MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odn o. STATE Maryland b. COUNTY Frederick					
	k	CITY OR TOWN (IF BURAL and give need Hagerstown	outside corporate limits, wr prest town}	rite c LENGTH OF STAY II	N 16		VN (If outside corporo			nearest town)
1		Western Ma	aryland State	Hospital		d. STREET ADDI	er Frederic	ek .			DENCE FARM? NO
	[NAME OF DECEASED (Type or print)	ALBERT	Middle KEN	17	HARM	ON 4. DATE OF DEATH	APRIL	th	1-9	960
1	\$ 5	Mele	1971 2 .L	MARRIED 🗓 NEVER MARRIED DOWED 🔲 DIVORCED		B DATE OF BIRTH		lost buthday) Light buthday) yrs	Months Day		R 24 HRS Min
	10a.	. USUAL OCCUPAT OF during most of works Tenant	N (Give kind of work doneing tife, even if retired)	10b KIND OF BUSINESS OR Dairy Farm	INDUS	Nebo		ntry)	USA	OF WHAT CO	OUNTRY?
	13.	Rush F. I	larmon			Ada Pa					
	15 (Yes		IN U.S. ARMED FORCES? f yes, give wor or dotes of service)		1	s. Julia F	E. Harron	(Same as		(2)	
)	CATION	PART I. DEAT 7 44 Conditions, if on gave rise to im cause (a), stoting to lying cause lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y, which mediate he under- (c)	PICGIESSIVE I	1720	seu lar I	Dystioph			PERFO	ALTOPSY RME D?
١,	MEDICAL CERTIFICA	Hour a.m. p.m. 21 I certify that	Month, Doy, Year 29 of 19 of 1	DESCRIBE HOW INJURY OCCURRED While Not while twork of work the deceased for the deceased f	rom.	ACE OF INJURY (Hondory, street, office black) Costo here eoth occurred of ATTENDING PHYS 224 ADDRESS	ne, farm, 20f (City of dg., etc.)	or town) CPCIL - Z the couses and STAFF PHYS	d on the de	that (I) (value stated	DATE SIGNED
	23a	Sur Lal (Specify)	23b DATE THEREOF	73c NAME OF CEME	Mem	orial Park		on (City, town, o	ryland	(State	•)
	24.	M. R. Etch	signature lison & Son,	Frederick, Ma	ryl	and 25	O REC'D BY REGISTR		TRAR'S SIGNA		

rs after death. Page 4 may be nined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled and by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hour offer, death TO HOSPITAL OR NITTINDING PHYIMIAN: The low requires that the death certificate be executed within 24 F2 VR A15 [4) 1SM 9/59





24, FUNERAL DIRECTOR'S SIGNATURE

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is after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

	5	820	DIVISION OF	CE	RTIFICA	TE OF		MORE 1, M.	AKILAND	0.	5049	
1.	PLACE OF DEATH	ington			MARYLAND		land	nere deceased	b. COUNTY	n Residence	tt v	ission)
	b. CITY OR TOWN RURAL and g ve Hagers	(If outside carpar	ole lîmîts, wrîte	5 Wee	ks	e. circo Rura		tzmil.	te limits, write RI ler	JRAL and gi	ve nearest to	wn)
W	d. NAME OF HOSP OR INSTITUTION estern	Marylan	spital, give street o	Hosp	ital		r ADDRESS	ite			ON	A FARM?
3.	NAME OF DECEASED (Type or print)	WIL	LIAM		Middle	HARV	EY.	4. DATE OF DEATH	APRI	L	16	Year 1960
	Male	White	WIDOWE		IVORCED 🗆 S	ept. 2	27, 18	371	BB birthday) yrs	Months	YEAR IF UN Doys Hour	s Min.
10d	aborer,	ION (Give kind o	f work dane 10b		Etc.	Man	yland	l.	ntry)	U.S	• A •	COUNTRY?
13.	James W	. Harve	y				r's MAIDEN N zabeth	Murp	h y			
	WAS DECEASEDEY no or unknown!	ER IN U. S. ARM	ED FORCES? 16.	SOCIAL SECUE		Wil:	liam H	larvey	Kitzr		r, Md	. •
	18 CAUSE OF DE PART I DE	EATH [Enter only EATH WAS CAUSI IMMEDIATE C	ED BY Inc	ne far (o), (b), . SULAR	ond (c).] PNEUM	NIA LO	WERLO	BES B	LATERA	<u></u>	ONSET AN	
	Conditions, if gove rise to cause (a), stating lying couse last	ony, which immediate	DUE TO	RCINOT		_			TASTAS		10 41	25
CATION			CELL C					INAL DISEASE	CONDITION GIV	EN IN PART	PERI	S AUTOPSY FORMED?
CERTIF	20a. ACCIDENT WOR CONTRIBUTING	G CAUSE OF	DEATH	CRIBE HOW IN	IJURY OCCURR	ED. (Enter notur	e of injury in	Part I or Part I	It of (tem 1B)			
MEMICAL	20c. TIME OF INJU Hour a m. p. m.		While	NJURY OCCUR Not while t of work	e fe	LACE OF INJUR actory, street, of			pr lawn)	(C	onuth)	(Stole)
	21. I certify the	at (I) (this ho	Spital) attend	led the dec	eased from	MAR. death occur	//19 red of#-05		PRIL /			
	220 SIGNATURE	Georg	re Bo	ran		M.D. PHYS		ED RECTOR	STAFF PHYS	4	4/16/6	P26 DATE / SIGNED
	22c PHYSICIAN'S NAME (Type)	DR-C	EORG	E BE	RCU	150	PENNS	TYLYAKI	A AVE, +	AGER	STOWN	MD.
23	BURIAL, CREMATI	ON, 236 DATE 4/18	1960	_		or crematory Ceme te		23d LOCAT	ON (C ty, town, c		(5)	tote)

may be need by the haspital ar attending physician.

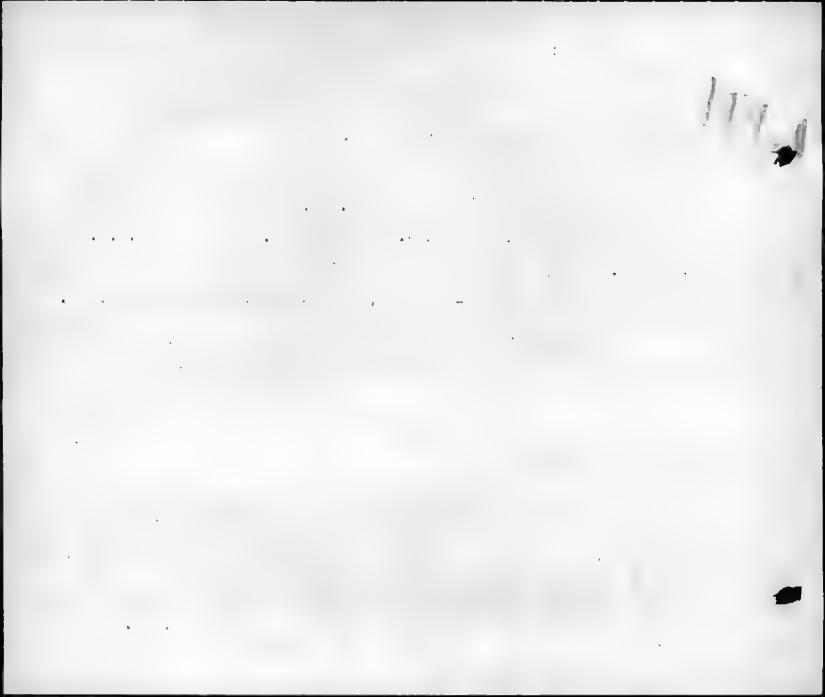
2 FUNE 118ECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP TO FUNE

VR A1S (4) 15M 9/59

ADDRESS

250 REC'D BY REGISTRAR
DATE APR 1 9 '60 DATE

25b. REGISTRAR'S SIGNATURE arthur S. Krous



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5089

CERTIFICATE OF DEATH

Reg. \$5,250

	PLACE OF DEATH o. COUNTY Washington MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Resident o. STATE Maryland Freder	
	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and s	- 4 54
	RURAL ond give negrest town) Hagerstown 7 weeks	Rural - Myersville	108-2
190	d. NAME OF HOSPITAL (If not in haspita, give street address) OR NSTITUTION	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
4.1	Washington Co. Hospital	Route # 2	YES NOTE
	3. NAME OF First Middle DECEASED (Type or print) PAUL K	HAYS 4. DATE Month OF DEATH April 23	Doy Year
	5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF SIRTH 9. AGE (In years IF JNDER	1 YEAR IF UNDER 24 HRS
	male white widowed Divorced	February 7, 1884 76 yrs Months	Doys Hours Min
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11 BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
	Retired Farmer own chicken farm		S.A.
/	Allen Hays	Lydia Kline	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.		t. # 2
		rs. Oscar Delauter, Myersvil	
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3000000000000000000000000000000000000		21. 12. 14
452	DUE TO		
	Conditions, if ony, which) (b) Generalized	arteriosclerosis	10 yra.
	gave rise to immediate couse (o), stating the under-		
	lying couse last) (c) A Units	y of the state of	7
^	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	(a) 19. WAS AUTOPSY PERFORMED?
1 -		us 57 rt. com si as of h	YES NO
	200 ACCIDENT WAS UNDERLYING CORE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Port I or Part II of item 18.)	
		PLACE OF INJURY (Home, form, 20f (City or town) (C	County) (Stote)
	Hour o m. p. m. 19 While Nat while at work of wark	octory, street, office bidg , etc)	
	21. I certify that I attended the deceased fram	-1, 19 to 4-1-0 19 that I la	st saw the deceased
3	alive an 4-02-10 , 19 , and that dea	th occurred at 7:30AM, from the causes and an the	date stated above.
II.	000000	ADDRESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE Charles - Herry	_M.D	7-10
	PHYSICIAN'S		
	NAME (Type) Charles F. Hess	Smithsburg, Md.	
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
		Lutheran Wolfsville Fred	
	23. FUNERAL DIRECTOR'S SIGNATURE	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S 510	
	F. Riffle Myergyill	P Md DATEADD 29'60	L

may be Mained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached for use as the buriol-transit permit. Then pleam remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotian, or removal, and in ony event within 72 hours after death. after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VS A15 (4) 15M 9/58

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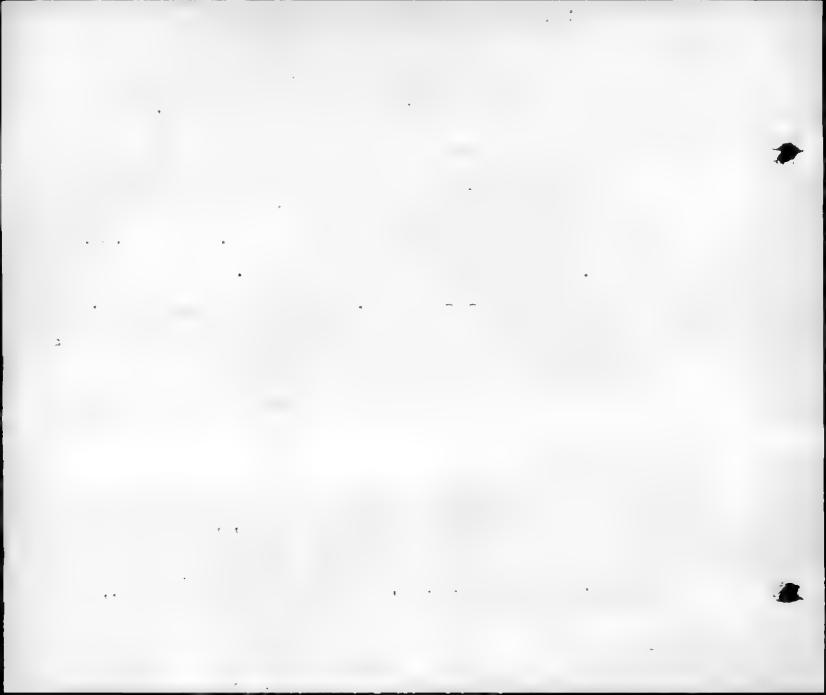
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VR A15 (4) 1SM 9/59

V.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		5108	CERT	IFICA	TE OF DEATH	MORE I, MARTLAND	5052	
/	1. P	PLACE OF DEATH L. COUNTY Washington	MA	RYLAND	2. USUAL RESIDENCE (Who o STATE Maryla	ere deceased lived. If institution b. COUNTY	Residence before Washing	
	Ь	CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	rite c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If or	utside corporate limits, write RUR	AL and give near	rest lown)
]	Rural Williamsport	2 years	6mont	hsX Rural Wil	liamsport (Mt.	Tammany)
/	c	NAME OF HOSPITAL (If not in hospital, give to or institution Hampton Road West	street address)		d street ADDRESS Hampton Roa	d West		ON A FARM? YES NO X
	3. N	NAME OF First DECEASED Type or print) MAURICE	mid EDGAR	dle	Lost HESS	4. DATE Month OF DEATH April	17	Year 1960
	S. S	EX 6 COLOR OR RACE 7	MARRIED NEVER MA		DATE OF BIRTH	9. AGE (In years II		IF UNDER 24 HRS
		male white w	DOWED DIVOR	CED 🗍	December 22,	1874 last bightay) 7	Months Doys	Hours Min
	10a	USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	106 KIND OF BUSINESS	OR INDUS	TRY 11 BIRTHPLACE (State of	or foreign country)	12 CITIZEN OF	WHAT COUNTRY?
]	Furniture Finisher	Furniture Ma	anufac	tor Taneytow	n, Md.	U.S.A	•
	13 1	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
		John C. Hess			Agne	s J. Baker		
1		WAS DECEASEDEVER IN U. S ARMED FORCES		NO. 17 IN	FORMANT	Addres	S	
,		110 O O ORENOWN) (IT YES, give wat or daile or terrice	214-09-693	o Mr	s. Margaret H	less Williamspo	ort. Md.	
		18. CAUSE OF DEATH [Enter only one couse	per line far (o), (b), and	(c).]			INTE	RVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: [IMMEDIATE CAUSE [a]	Artem-scle.	rotic	cardio-vasc	ular disease	IONS	5 unders
		Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.						
	CATION	Part II. OTHER SIGNIFICANT CONDITION Benign hypertro			NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	1N PART 1(a) 15	PERFORMED? YES NO
	CERTIF	20d ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY	/ OCCURRED). (Enter noture of injury in P	ort 1 or Part 11 of item 18.)		
	MEDICAL	Hour o.m.	20d INJURY OCCURRED While Not while of work of work	20e. PLA faci	CE OF INJURY (Home, farm, tary, street, affice bldg., etc.	20f (City or town)	(County)	(State)
			ttended the decease it 16 ₁₉ 60, a	ed fram nd that d	april 16 196	Ω , ta April 17 M. fram the causes and	, 19.60, the an the date	stated above.
		220. SIGNATURE	ayman					, 1960 GNED
		22c. PHYSICIAN'S J. Walter	Layman, M.	D.,	100 Profe	lagerstown, Ma essional Arts	0	~
	23a	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF C	EMETERY OF	RCREMATORY	236 LOCATION (City, town, or	county)	(Stote)
		Burial 4/19/1960	Rose Hi	11 Cem	etery	Hagerstown	M	aryland
		FUNERAL DIRECTOR'S SIGNATURE uter-Rouzer Funeral Ho R. Backle Resse	ome Hagersto	Wn. Ma	2 2		RAR'S SIGNATUR	
		. De la como l	220000				1 207	



L		0000		,			R	leg. Dist.	No.
1	PLACE OF DEATH				USUAL RESIDENCE (Whe	re deceased		Residence I	before admission)
	a. COUNTY	W/SHINGTON	MARYLAND		o. STATE MATY	LAND	b. COUNTY W	/ASHI	NGTON
ı	H. GLRS	I (If outside corporate limits, write nearest town)	60 YR5.	₹	HAGERS		ole limits, write RURA	AL and give	negrest town)
	OF INSTRUCTION	PITAL (If not in haspital, give street POTOJAC ST.	oddress)	1	STREET ADDRESS PO!	OAMOT	ST.		e IS RESIDENCE ON A FARM? YES NO 1
3.	NAME OF DECEASED (Type or print)	JONAS First	LEU Middle	OCK	VAN Lost	4. DATE OF DEATH	APRIL		10 1960
S.	MALE	WHITE WIDOWS	RIED NEVER MARRIED DED DIVORCED	B. D.	8/7/ 1 865			UNDER 1Y tenths Do	EAR IF UNDER 24 HRS
	o. USUAL OCCUPATION OF W. RETIRED	TION (Give kind of work done 10b. orking life, even if retired) CARPENTER	KIND OF BUSINESS OR INDI SELF EMPLOYE		VIRIGII		iuntry}		NOFWHATCOUNTRY
13	FATHER'S NAME			14	. MOTHER'S MAIDEN NA	AME			
	JONAS	LEE HOCKMAN			LLIZA C	OVERS			
15	. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16 [If yes, give war or dates of service]			CLARA H.	KARN	H Addes	(STO).	MD.
		EATH [Enter only one couse per line EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		omb	osis				interval between onset and death 36 hrs.
	conditions, if any, which) DUE TO Arteriosclerotic Heart Disease.								?
	gave rise to cause (a), statin	immediate DUE TO	r oor roserer	001	o near o	15603			*·
CERTIFICATION	PART II C	OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	IT NO	RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIVEN	IN PART 1	O) 19. WAS AUTOPSY PERFORMED? YES NO [
		WAS UNDERLYING [] 206 DESC NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURE	ED (E	nter noture of injury in Po	art Lor Port	II of item IB)		
MEDICAL	20c TIME OF INJ Hour a. m	While	Not while fe		OF INJURY (Home, farm, street, office bldg., etc.)		or town)	(Cou	nty) (State)
	21. I certify alive an AP	that I attended the deceaseril 9, 19	ed from April and that deat	9, hac	curred a9:19F	M, from toppess (Si	the causes and e reet, city or town, sto	an the d	late stated above DATE SIGNED
	SIGNATURE	R. A. BL	LL, M.D.	_M.D.			nc Street	«	1/12/60.
22	O. BUR AL, CREMAT	TION, 22b. DATE THEREOF	22c. NAME OF CEMETERY			22d. LOCAT	ON (City, town, or GERSTOWN		(Stole)
23	FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS (`	24a. REC'D	BY REGIST	RAR 24b. REGISTR		

TO HOSPIT OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 y is after death. Page 4 may be promed by the hospital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remavol, and in any event within 72 haurs after death.

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VS ATII (4) TSM 9/SB



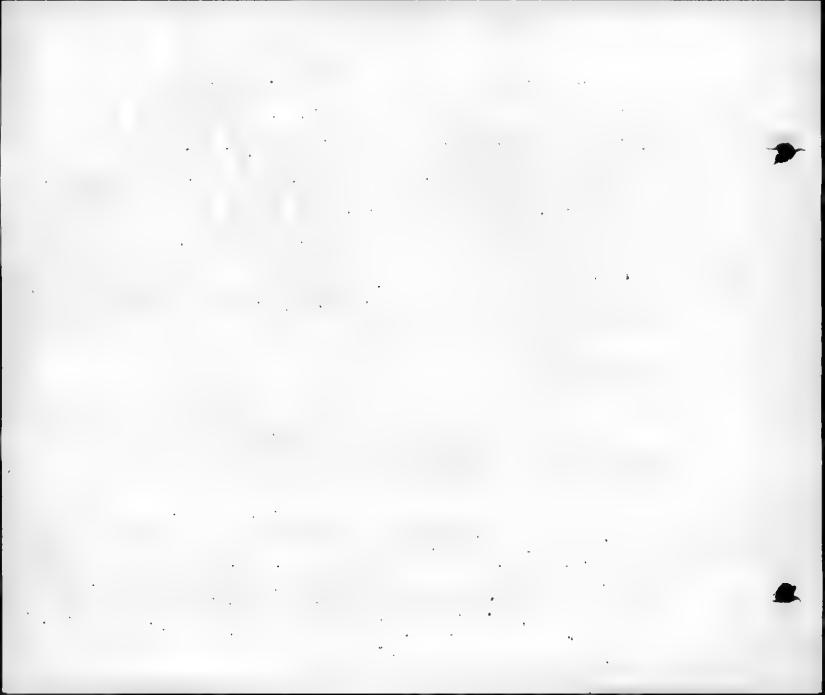
1	1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR ST	ATE		5025 MEDICAL EXAMINER'S CERTIFICATE OF DEATH \$ 50.0 ist. No.
HEALTH	DEPT.	1 .	LACE OF DEATH COUNTY AT A COU
Pog lifes.	M	/ b	CITY OR TOWN (If ou side corporate himits, write RURAL and give negres) town)
Sory ctor.			HAGERSTOWN HAGERSTOWN
dire for y	121	0	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS c. IJ. RES : NO. ON A FARM.
d y		3. 1	WASH OF First Middle Lost 4. DATE Month Doy Year
he fer be St			PRANKLIN HOLMES DEATH APRIL 5 1960
3 to the control of t		5. 8	6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years lost birthday) Months Day's Mours Min
d 2 v		100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY
Pog Pog I on		L	PILATED FAIRCHLD AIRCRAFT CHESTNOT CHTONE WASH CO.MD. 4.500
MA3.		13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ve ?corn like p	1	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT LANGUESE WEFRANKLING (1 yes, give war or down of service)
Pin Z			YES W.W. 1 220-09-9134 MRS ESTA HOLMES 43.5 WE FRANK CITE
ong v			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:
in the color of th			1) 60 × Due to
Office of the control			Conditions, if ony, which of the state of th
in p in p in p in p in p			(a), stoling the underlying OUE TO Cause lost.
ding. xomi	- 1	3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
pendico pendicol I	()	FICAT	YES NO
s cer ord Med itd be riol,	1	CERT	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port t or Part II of item 18) PRIMARY OF DEATH. CAUSE OF DEATH.
The Part of the Pa		WEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Not while
ting the (the)		ME	p. m. 19 of work of work
e, were			21. I certify that I took charge at the remains described above, held on Autopsy, Inspection
Mord og	1		ACTUAL STOLLAND DATE SIGNED
Cert Cert For DIR)		SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
design design	7		EXAMINER'S PARE (Type) / TO E W TITTO TO DEPUTY MEDICAL EXAMINER (TYPE)
Secul Short FCN		220	BURIAL CREMATION, 276 DATE THEREOF 22C. NAME OF PEMETERY OR CREMATORY 22d LOCATION (City, Iown, or county) (Stole)
5 45 0		23.	HURTAL APRIS 1960 KEST HAVEN CENITERY HAGEISTRAR'S SIGNATURE ADDRESS ADDR
5M 2,57			John D. Bast BOOKISBORI NO. DATE APR 1260 C'- S. Kine

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1. Sel Dui -WIT, REST

451 × "

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5028 Reg. Dist. No. cremotian is necessary, please ex rectar. Page 4 should l 2. USUAL RESIDENCE (Where deceased lived. If Institution) Residence before admission) PLACE OF DEATH a. COUNTY O STATE DARYLAND 6. COUNTY ULSET TNGTON WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL find grap had all the corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate (imits, write RURAL and give nearest town) ₹RUR/L HANCOCK BYRS. e. IS RES DENCE d. DIAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) d. STREET ADDRESS ON A FARM? RT. #2 HANCOCK YES | NO TH NAME OF 4. DATE First Middle Day OF DEATH SUSAN APETL HILL 25 (Type or print) JANE 19 60 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years AGE (In). lost birtheloph IF UNDER TYPAR IF UNDER 24 HRS. 11/12/1873 Months Davs Houn FLMALE THITE WIDOWED I DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

HOME

MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A. within 24 haurs offi.
3. Give Pages 1, 2, PM3. Page 5 may b 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS SNYDER JANE BISHOP Address* 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no pranknown) WK. THOMAS J. HULL NONE ID. pencil in Item 18. Giv alang with farm PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Lobular preeunanco mu IMMEDIATE CAUSE (a) 6128 DUE TO Bilateral Canditions, if ony, which days rise to immediate cause **DUE TO** (a), sloting the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Intertrockanteric Aight Femus- (His ио ХХ 20g. EXTERNAL CAUSE WAS PR MARY BOOK CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) Fell while 90 m ertificate, writing the ward ed to the Chief Medical Exan AL DIRECTOR: Page 3 shauld 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or fown) Month, Day, Year 20c. TIME OF INJURY (County) (State) factory, street, off cp bldg , etc.) Not while Itagerstown, wash. 1107-41960 of work at work Garlock Home 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection [X]. Inquiry [X], and find that death resulted from: Natural causes ___, Accident ____, Suicide ____, Homicide ____, Undetermined cause _____. ACTUAL DATE SIGNED L/26/60 ASSISTANT MEDICAL EXAMINER 🗍 Edward W. Ditto 111, M.D. DEPUTY MEDICAL EXAMINER KI NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 0 STIME BRIDGE CHIUCH LASHINGIAN CO. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 1 DATE 5M 9/55



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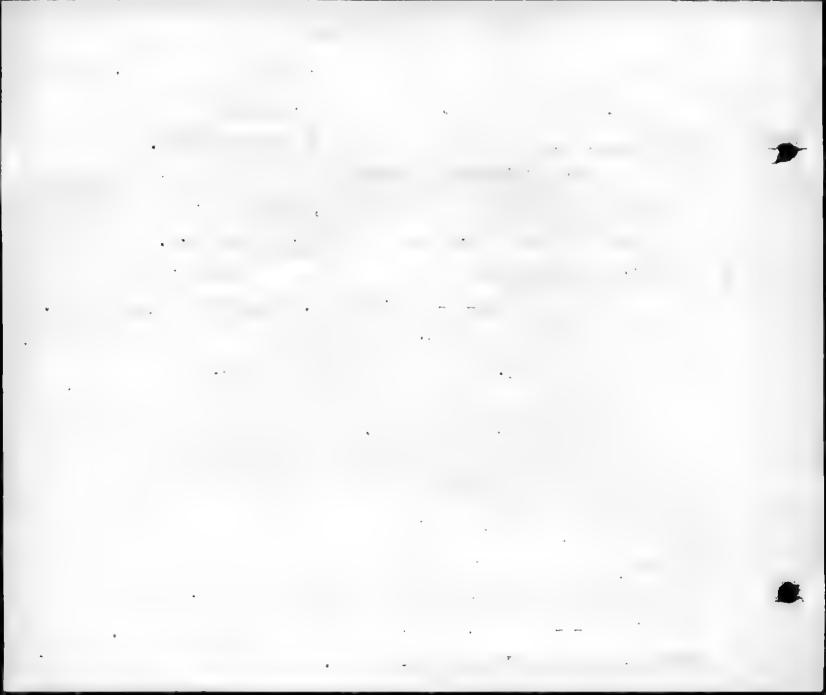
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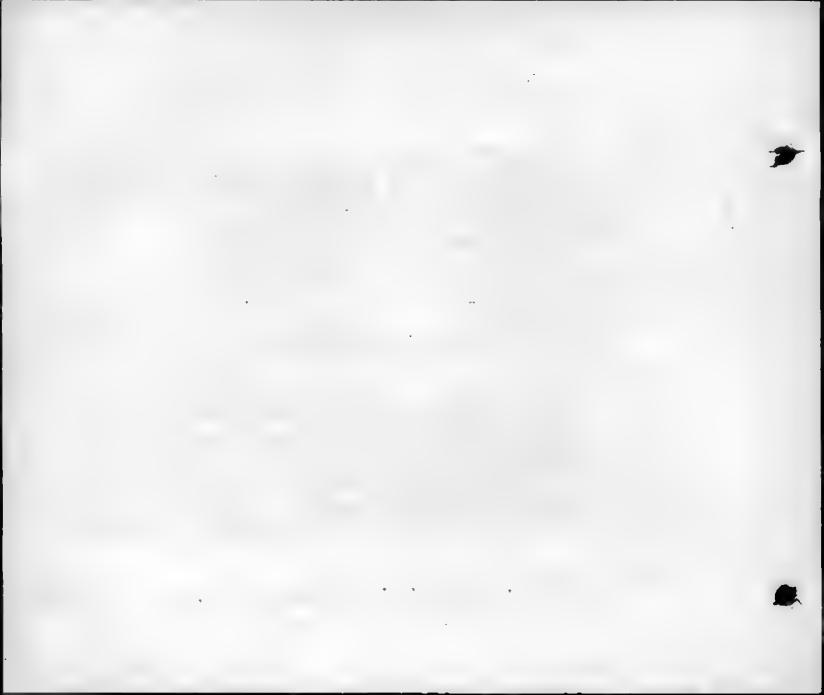
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CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY Washington MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence book STATE Maryland b COUNTY Washi	efore admission) ngton
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 55 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	negrest town)
1	d NAME OF HOSPITAL (If not in haspita, give street address) OR INSTITUTION	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
1	Washington County Hospital	915 Hamilton Blvd.	YES NO
	3 NAME OF DECEASED (Type or print) Gail Elizabeth Ilger	April 2	2 19 60
	Formolo White	B. DATE OF BIRTH 9 AGE (in years lost birthday) 10 1892 9 AGE (in years IF UNDER 1 YI) Months Day 7 yo.	EAR IF UNDER 24 HRS ys Haurs Min
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN	OF WHAT COUNTRY
	House Wife Own Home	Chambersburg Penn.	
\	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
	William Colliflower 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. III	Mary Frederick	.2
	(Yes, no. or veknown) [If yes, give wor or dates of service]	oward E. Ilgenfritz Hagersto	own Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY Myocar chal lufs	encliere	6 hours
	420,1 DUE TO D D+ 1	chrotic Harl Xlesiese	17
	gove rise to immediate	Chrice Harry Sesence	12 gran
	cause (a), stating the <u>under-</u> lying cause last. DUE TO (c)		9
- 1		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	o) 19. WAS AUTOPSY PERFORMED?
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Cherwish Heart Nacre with	Mutral Complicency - 60 yrs	YES A NO
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury) Part I or Port II of item 18.)	
	Hour o.m. While Not while for	ACE OF INJURY (Home, form, 20f. (City or tawn) (Cour ctory, street, office bldg., etc.)	nty) (Stote)
		2011	
	21. I certify that I attended the deceased from Man	, 19 16, ta 1 last 2 , 1960, that I last s	
	alive an Chr. 2, 19 60, and that death	accurred at 7.06 M, from the causes and on the di	ate stated above DATE SIGNED
	SIGNATURE SIGNATURE DILLA	M.D. 998 Petronac Or	4-3-60
-	PHYSICIAN'S DALTON M.WELT	Stagerstown , md.	
	220. BJRIAL, CREMAT.ON., 22b. DATE THEREOF 22c. NAME OF CEMETERY O	484	(Stote)
	Burial 4-5-60 Rest Haven		- TALOF
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOOTT TO Minnigh & Con Haganatous	240. REC'D BY REGISTRAR 246. REGISTRAR SIGNA	





MARYLAND STATE DEPARTMENT OF HEALTH

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DIRECTOR

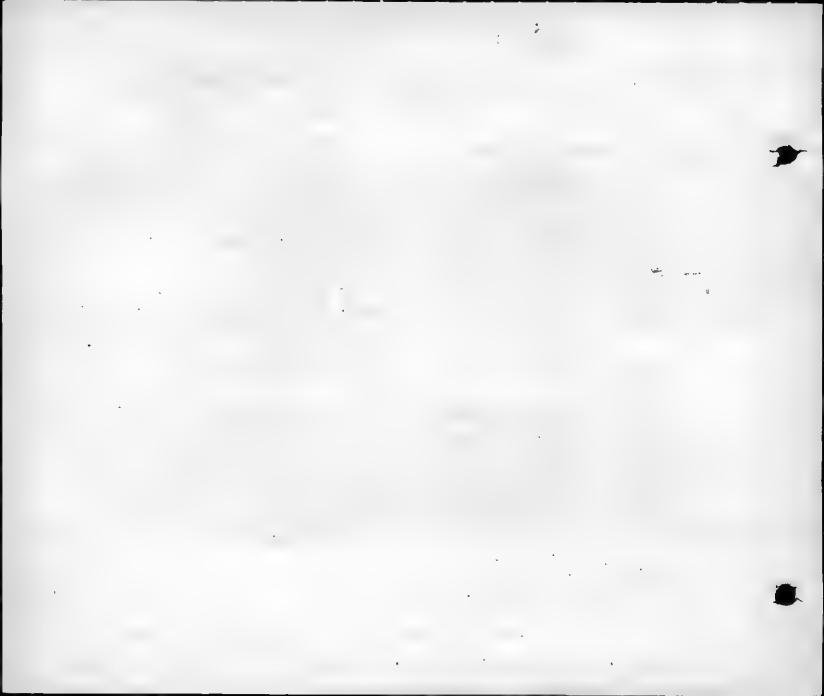
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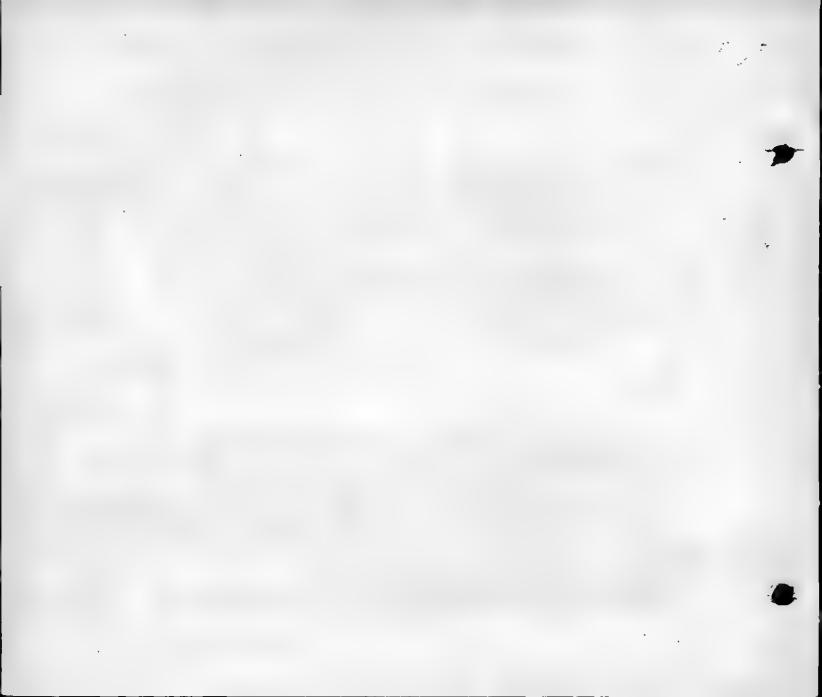
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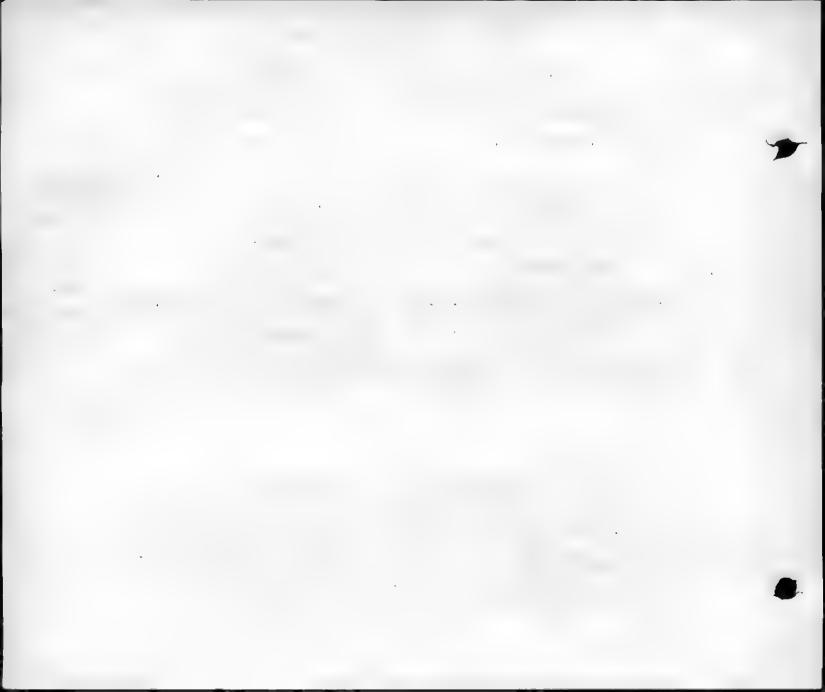
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give-negrest lown) pluous d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE YES NO NAME OF DECEASED 4. DATE Middle Month Yeor (Type or print) 1960 9. AGE fin years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Hours WIDOWED IZ DIVORCED [yrs. 100. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) 13. FATHER'S HAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST/ 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for)(a), (b), and (g) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. **burial-transit** PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [NO 20b. DESCRIBE HOW/INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH õ 20c. TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour e. m. While Not while of work of work 1960 21. I certify that I attended the deceased from / //av 40 71., 19.6 Othat I last saw the deceased , and that death occurred at/ 🖒 flith, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) 220. BUR AL, CREMATION, DATE THEREOF 22d LOCATION (City, lawn, or county) 22c. NAME OF CEMETERY OR CREMATORY 23. FUNERIA DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATAPR 2 2 '60 Circling & Thank





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ssary, pli	Page 4 s	,	buriof, co	*	~	1
is nece	ector.	es,	prior to			
O DET OF THE EXAMINER: This certificate should be executed within 24 hours offer death. If any det is necessary, please exe	ert ficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral "ector. Page 4 should be	be-relained for your gres.	rith the registrar prior to buriof, cren			
offer deal	2, and 3 (be celai	Yond 2 wi	Ĭ		
in 24 hours	ve Pages 1,	Page 5 mg	File poges			_
ecuted with	em 18. Gi	form PM3.	it permit.			
rould be ex	pencil in !!	er's Office along with form PM3. Page 5 may by	TO FUNERAL DIRECTOR: Page 3 shavid be used as a burial-transit permit. File pages Yand 2 with			
serfil.care st	ending" in	er's Office	e used as a			
NEK: IBIS	he word "F	sed to the Chief Medical Examiner	3 should b			
AL EXAMI	e, writing t	Chief Med	TOR: Page			
PICOIL	ert ficali	ed to the	RAL DIREC	oval.		
S O DE	otto	forwe	TO FUNE	or remo		
/S.	. A	15/	ME(55	5)		

	tem 18 F	1ln 262MAR 5030	MEDICA	L EXAMI	NER'S	CERTIFICA	TE OF	DEATH	Reg. Dist.	n63	
1.	PLACE OF DEA a. COUNTY	L FFC .		M,	ARYLAND	2. USUAL RESIDENCE	(Where deces	sed lived. If institu b. COUNT		before admi	ission)
	b. CITY OR TOV	70	L write RUBAL	E. LENGTH OF ST.	AY IN Th	E. CITY OR TOWN	(If autside cor	porate limits, write	RURAL and give	nearest la	wn)
		RCIA TOTAL		,	dresa)	d. STREET ADDRESS	LL I	Jail i BLVE) .	ON	A FARM?
3.	NAME OF DECEASED (Type or print)	·77.1010	First 3-3	Middle		Lost COT :	4. DATE OF DEATH	Mont 4	h 3°	у Y	9 60
,	SEX ALTI	6. COLOR OR RA	ACE 7- MARRI WIDOWE	D DIVORCE	-,	AN. I3, I9	5	9. AGE (In years Age) birthday) 45 yrs.	Months Days	R IF UND	ER 24 HRS. Min.
) 10	during most of	PATION (Give kind of warking life, even if reti	rork dane 10b. 1	CLAFT	OR INDUSTR	Y 11. BIRTHPLACE (Sh	1	country)	12. CITIZEN		COUNTRY?
	3. FATHER'S NAM					14. MOTHER'S MAIDER					
15	5. WAS DECEASE fes. no. or unknown)	D EYER IN U. S. ARMED		SOCIAL SECURITY N	the second		LTOTA	Address .Ps 412	ec II,.D.		
	1	DEATH [Enter only one DEATH WAS CAUSED I IMMEDIATE CAUS	lYz	for (a), (b), and (c). Aspirati		Vomitus			0	Terval Between And Del	
	gave rise to i	if any, which mediate couse the underlying DUE	(b)	Epilepsy	/	-				20 Yea	ars
CERTIFICATION	PART II	OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TE	MINALDISEAS	E CONDITION GIV	EN IN PART 1(a	19. WAS PERFO YES	RMED?
		CONTRIBUTING [20b. DESCRIB	E HOW INJURY OCC	CURRED. (En	eler nature af injury in 1	art tar Port II	of item 18.)			
MEDICAL	20c. TIME OF	NJURY Month, Day . m. . m.	White	in JURY OCCURRED Nat white ork at work	factor	E OF INJURY (Hame, for ry, street, affice bldg., i		y or town)	(County)		(State)
		y that I took cha Ited fram: Natu								_, and	find that
	ACTUAL SIGNATURE_	Sille	Du	(A)		M.D. CHIEF MEDICAL	_		410	DATE S	IGNED
			11: > -	1/2				:к 	1/1/		
	EXAMINER'S NAME (Type)	MIFV	VLII	107		DEPUTY MEDICA			11/	60	
	NAME (Type) REMOVAL (Sp	-16 1 1 1 - / 1	EREOF 930	22c. NAME OF CEM	ETERY OR C	CREMATORY	22d LOCA	JION (City, town, o		(Stoke	u)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5037 CERTIFICATE OF DEATH

5031

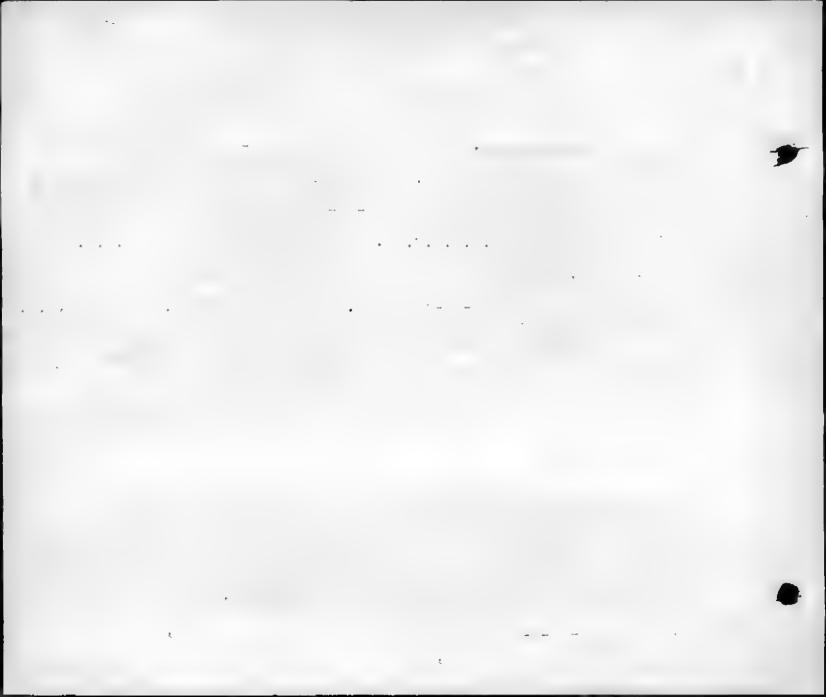
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		d							4	
1. PLACE OF DEATH a. COUNTY	Wa shingt	on	MARYLAN	ND 2	usual residence (wary	land		on: Residenc		
RURAL and give	(If outside carporote limineorest town)	ts, write	c LENGTH OF STAY IN	1ь 🗶	city or town (if Brownsvi		prote limits, write l	RURAL and g	IVO NOCIO	si lown)
	TTAL (If not in hospital, o	jve street	address)		d. STREET ADDRESS				e.	IS RESIDENCE ON A FARM?
	Washingto	on C	o, Hospital						`	res 🔲 No 🔢
3. NAME OF DECEASED (Type or print)	Turner	rst	Middle P.	L	attrell	4. DATE OF DEATH	Ma		Doy	Year 19 6 0
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years			UNDER 24 HRS
Male	White	WIDOW	ED DIVORCED	3-	-10-1876		84 yrs	MOBIRS	Days I	Hours Min
10a USJAL OCCUPAT	ION (Give kind of work)	done 10b.	KIND OF BUSINESS OR II	NDUSTRY	11 BIRTHPLACE (Stat	e or fareign c	country)	12.CITI2	ZEN OF W	HAT COUNTRY?
Retired	Engineer	B	.&.O.R.R.C	0.	Virgin	ia		U.	S.A	•
13. FATHER'S NAME				1.	. MOTHER'S MAIDEN	NAME				
Richa	rd H.Lutt:	rell				El	iza Jan	e Lav	vyer	
JS. WAS DECEASED EN	/ER IN U S ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	7, INFOR	MANT		Ado	Iress		
) No		7	05-12-1907	Mrs	.Victori	a Hov	ermale,	Washi	ingt	on,D.C
	EATH [Enter only one co	46.0	ne far (a), (b), and (c).]	_3	13				INTERV	AL BETWEEN
PART I. DI	ATH WAS CAUSED BY: // IMMEDIATE CAUSE (compared to the compared to the compar	<u>, c</u>	erebrue 1	rei	uo or hos	2			011007	AND DENTI
33/)	DUE TO				_				7	
Conditions, if		5	eura lize	1	an Tero.J.	lero	7		3 ,	of .
gave rise to cause (a), statin)	U							8
lying cause los										
Paire II. O	-44	-	CONTRIBUTING TO DEATH	1		MINAL DISEAS	SE CONDITION G	VEN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
	Cours	Tiv	2 heart	ya	lure				Y	ES 🔲 NO 🔀
OR CONTRIBUTION	VAS UNDERLYING 🗍 IG 🗍 CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (E	nter noture of injury in	Part I or Po	rt II of item 18.)			
	JRY Manth, Day, Ye	ar 20d. I	NURY OCCURRED 200	. PLACE	OF INJURY (Home, for	m, 20f (Cit	y or lown)	(C	ounity)	(Stote)
Hour a.m	15	While of wor		roctory	, street, office bldg , e	10.)				
		l\ attan	ded the deceosed fro	200	4.25 1	060 10	4.29	- 106	/2 that	/11 two less
	ased alive on	-28	- 19 60 , and the	at deat	h accurred at 6 t	a M from	the courses of	ad on the	date s	toted above
22a. SIGNATURE	0		LILL WILLS F GILG III	di deoi		T.141, 11 OIII	THE COUSES OF	IG OII INC	- daic s	22b, DATE
	Leconde			M D		MED DIRECTOR [STAFF PHYS			SIGNED
22c. PHYSiCIAN'S NAME (Type)	JOSEPH S	Ec.	ONDARI		22d. ADDRESS		_			
			-1-2///		Boone	sboro	,Marula	nd		
REMOVAL (Specif			23c NAME OF CEMETER				TION (City, town,	**	and	(Stote)
Burial 24 FUNERAL DIRECTO	R'S SIGNATURE	-170	O Park He	ight	25a. REC	C'D BY REGIS		ISTRAR'S SIC		
17/11/7		Brun	swick, Mary	land				thur S.		

TO HOSPING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hrss after death. Page 4 may be and by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled my by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remave carbon popers. Pages 1 and 2 should be fifted with the State Board at Health priar to burial, crematian, or remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



5002

FUNERAL DIRECTOR'S SIGNATURE Suter - Houzer Funeral Home

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

115065

0033	CERTIFICA	TE OF DEATH							
PLACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institution: Resident b. COUNTY Wash	ington					
b. CITY OR TOWN (If outside corporate limits, wirk RURAL and give nearest town) Williamsport		1	utside corporate limits, write RURAL and $arrho$	give nearest town)					
or NSTITUTION 25 S. Vermont Street	treet address)	/d STREET ADDRESS 25 S. Vert	mont Street	o is residence on a farm? YES NO 1					
3 NAME OF DECEASED (Type or print) MAZTE	Middle MAY	MARKER	4. DATE Month OF DEATH April	Day Year 12 19 60					
77 - 9 - 777 11	MARRIED NEVER MARRIED DOWED DIVORCED	B DATE OF BIRTH July 13, 1918		1 YEAR IF UNDER 24 HRS Doys Hours Min					
10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSEWITE 13. FATHER S NAME	106 KIND OF BUSINESS OR INDU		rt District, Md. U	S.A.					
Alva J. Lamp	lac comitt and and and	Rose	M. Fowler						
The CAUSE OF DEATH [Enter only one cause p	none R		Address er Williamsport, M	d.					
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (o), studing the <u>under-lying couse lost.</u> DUE TO Lying couse lost.	Coronary H		(presumptive)	about A June					
	Phone Shamma his Hz		NAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19 WAS AUTOPSY PERFORMED? YES NO P					
	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	art I or Port II of item 18 }						
Hour o. m.		ACE OF INJURY (Home, form, ictory, street, office bldg., etc.		County) (State)					
	21 1 certify that (1) (this haspital) attended the deceased fram. 10-16. 1957to 4-12, 1960, that (1) (we) last								
220. SIGNATURE JOLU M. Ho		M.D PHYS DIE	RECTOR D STAFF D 54 West Washington	22b. DATE SIGNED					
NAME (Type) John H. H	ornbaker, M.D.		agerstown, Md.						
230. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) 4/16/1960	Green Lawn C		23d LOCATION (City, town, or county)	(Stole) Marvland					

Green Lawn Cematery

Hagerstown, Md.

ADDRESS

Williamsport.

250 REC'D BY REGISTRAR

DATE APR 1 8 '60

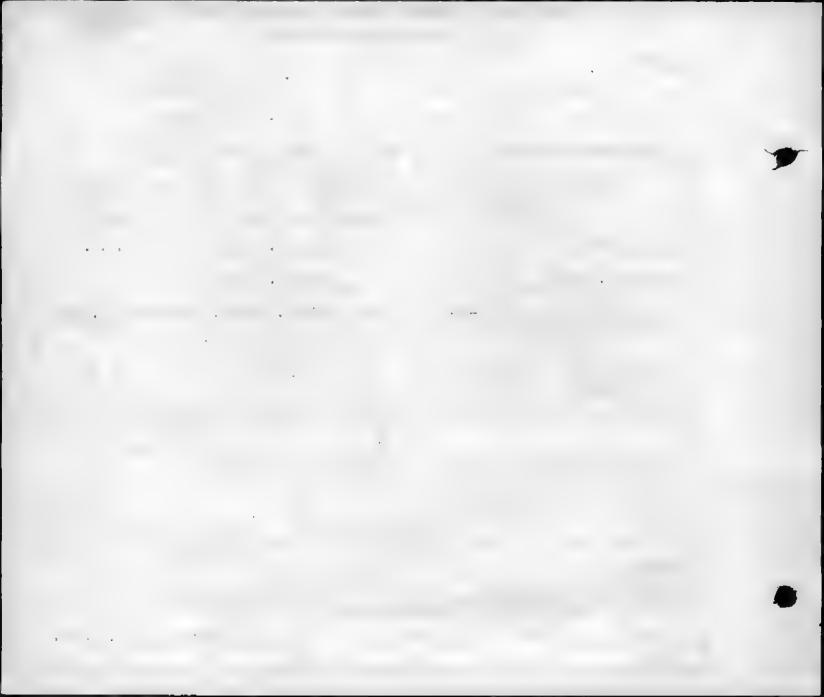
25b. REGISTRAR'S SIGNATURE

may be do by the hospital or attending physician.

TO ILUNERAL THECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSP VR A15 (4) 15M 9/59

ATTENDIME PHYSICIAN: The law requires that the death certificate be executed within 24

420.1



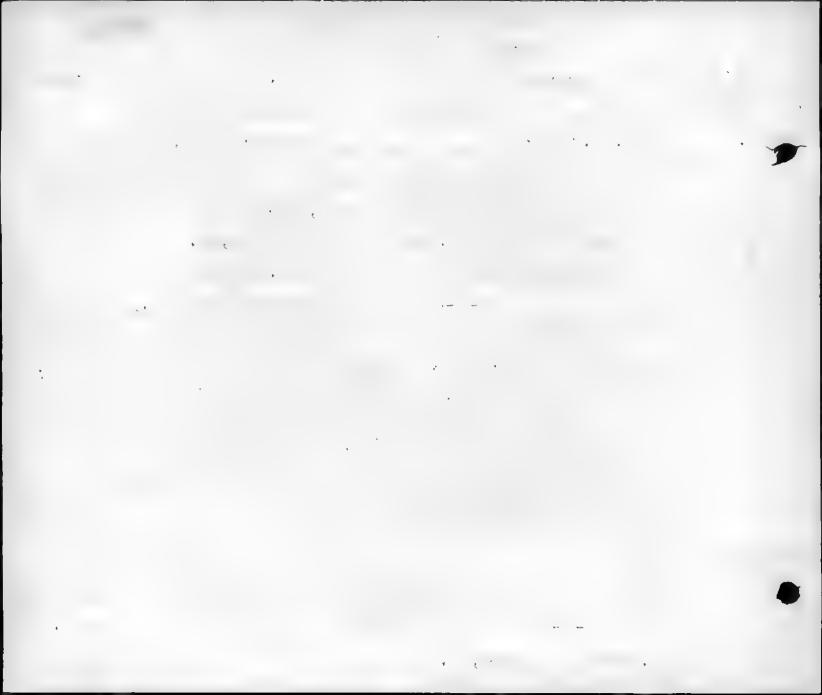
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	5025	CERTITION	The OI DE	7111			
1, PLACE OF DEATH	2000			NCE (Where deceased		on: Residence befor	re admission)
6. COONT	Washington	MARYLAND	o. STATE	Md.	b. COUNTY	Wash	ingtem
b. CITY OR TOWN RURAL and give	(If outside corporate fimits, write	c. LENGTH OF STAY IN 16	a F3	WN (If autside corpore	ate rimits, write R	URAL and give ned	rest town)
770	stewn	10 days	Ha Ha	gerstown			
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in haspital, give stree	et address)	d STREET ADD	RESS			e. IS RESIDENCE ON A FARM?
Wash.	Co. Hospital		124	O Glenwood	Ave.,		YES NO
3 NAME OF DECEASED	First	Middle	Last	4. DATE	Mon	ith Da	y Yeor
(Type or print)	J	Howard	MeCume	DEATH	4	21	19 60
S SEX	6 COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	5	AGE (In years lost birthdoy)	IF UNDER 1 YEAR	
male	white WIDO	WED DIVORCED	June 30.	1885	74 yrs	Months Days	Hours Min.
10a. USUAL OCCUPAT	TON (Give kind of work done 10 orking life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State ar foreign cos	intry)	12 CITIZEN OF	WHAT COUNTRY?
reti		Printer	Н	agerstown,	Md.	USA	
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME			
	John Thomas McC	une	Mar	y E. Ather	tem		
15. WAS DECEASED BY	/ER IN U. S. ARMED FORCES? 11. (If yes, give way or dates of service)	6. SOCIAL SECURITY NO. 17. II	NFORMANT		Add	ress	
M.O		14-09-7827 J	ha McCune	314 Rad	cliff Av	re., Ci	ty
18 CAUSE OF D	EATH [Enter only one couse per	line for (a), (b), and (c).]	0 4 1			INTE	RVAL BETWEEN
PART 1. DE	EATH WAS CAUSED BY-	malate heart	lelock	lcomo	int		mente
4-20	DUE TO		1 0	4 . 0			đ
Conditions, if	ony, which) (b)	osterior sex	tal mu	sendial.	inforce	tion 1	2 days
gove rise to couse (o), stoting	immediate (DUE TO	4 1 21	10	4	1		
Tying couse lost		renoschroti	c flea	of decease	٤	7	lors
S RART II. 9	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HETERMINAL DISEASE	CONDIT ON GIV	VEN IN PART 1 (64 1	9 WAS AUTOPSY PERFORMED?
NO ACCIDENT A	rung left	lower loke	- Anei	enouse_			YES NO Z
20a. ACCIDENT Y	VAS UNDERLYING [] 206. DE	SCRIBE HOW INJURY OCCURRE	D (Enter nature of i	njury in Part I or Part	II of item 18.)		
9 ITHE FITHER NOTIF	Y MEDICAL EXAMINER)						
20c. TIME OF INJE		4-	ACE OF INJURY THE		or town)	(County)	(State
Hour o m	10	le Not while ork ot wark	ctory, street, office b	idg, aic j	,		
2) I certify th	nat (1) (this haspital) atter	aded the deceased from	4/9	1960, 10	4/21	1960 th	at (I) (we) last
	ased alive on 4/20	1960, and that	() \	C .	he couses on	nd on the date	
220 SIGNATURE	1	A	Scott Gootte	ar Lagrani, in airi	110 000303 01	id on the date	22b, DATE
loke	. C. Stault	00	M.D. PHYS	MED DIRECTOR	STAFF PHYS		SIGNED
22c PHYSIC AN'S			22d. ADDRESS				^
NAME (Type)	, ,						
23a BURIAL, CREMATI		23c NAME OF CEMETERY C	R CREMATORY	23d LOCATI	ON (City, town,	or county)	(State)
buria!	4 -23-6 0	Rose F	ill	Hage	rstown		Md.
24, FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	2	50. REC'D BY REGISTE	RAR 255. REGI	STRAR'S SIGNATU	RE
Fred W. Kr	aiss Hagersto	wn, Md.	5	ATEPR 25 '60	Q.f	Lun & Harr	
						The second second	



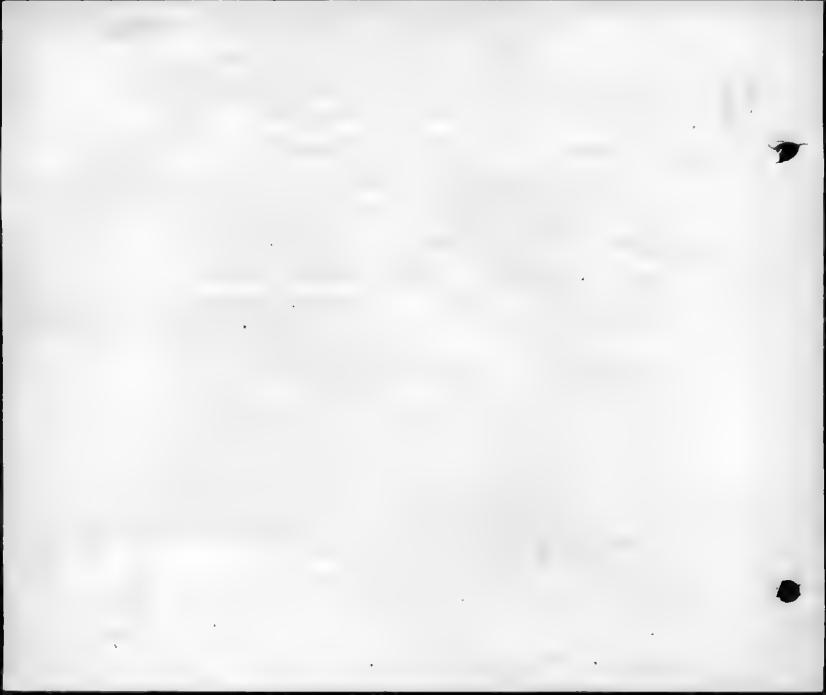
TO HOSP

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 5034

1, PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
Washington	Maryland Washington					
b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give neorest town)	e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Hagerstown 6Wks	Hagerstown					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?					
Wash County Hospital	816 Virginia Ave YES NO T					
3 NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Year OF					
	ANIEL DEATH April 23 19 60					
5. SEX 6. COLOR OR RACE 7. MARRIED THE MARRIED TO	B. DATE OF BIRTH 9 AGE (n years IF JNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min					
Male White WIDOWED DIVORCED	April 6, 1876 84 yrs. Months Doys Hours Min.					
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)						
Merchent Retired	Everett Bedfore Co.Pa USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Willson W. ! McDaniel	Adeline Leader					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. IN	FORMANT Address					
(14 yes, give wor or dates of service) None Mr	s Vera H. McDaniel 816 VirginiarAye					
/	Hacrare town Mid INTERVAL BETWEEN					
PART I DEATH WAS CAUSED BY:						
IMMEDIATE CAUSE (o)	Schools hourt distant Gulls					
DUE TO A						
Conditions, if ony, which gove rise to immediate (b)	Sc /22011. /Sc21					
couse (a), stating the under-						
lying couse lost.) (c)						
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?					
TA CONTRACTOR OF THE CONTRACTO	YES NO NO					
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Part I or Part II of item 18.)					
	CE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote)					
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fact work p. m 19 at work at work	ory, street, office bldg., etc.]					
2), 1 certify that (1) (this haspital) attended the deceased from	16 Mezet 1964, to 24 April , 1960, that (1) (we) last					
	eath accurred at ILPM, from the causes and an the date stated above					
220 SIGNATURE	22b DATE					
Odla D Hondolande	ATTENDING MED STAFF AD PHYS D DIRECTOR PHYS D 4//2					
22c PHYS CIAN'S	22d ADDRESS					
NAME (Type) I /duz & Hoach/12	n ff cg ezitum md.					
23a BUR.A., CREMAT ON 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	CREMATORY 23d. LOCATION (City, town, or county) (State)					
Burial 4/36/60 Rest Haven	Cometery Hagerstown Wash Cold					
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE					
Andrew K. Coffman Hagerstown Md	DATE ADR 28'60 Chilling S. Kround					



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 U5020 5035 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) n. COUNTY. o. STATE b. COUNTY Filed MARYLAND b. CITY OR TOWN (If outside corporate limits, write bei c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should 4A9ERST TO LUN d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION YES NO 3. NAME OF First Middle 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH 1960 5. SEX 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED W NEVER MARRIED B. DATE OF BIRTH AGP (In years lost birthday) Months Hours Min. DIVORCED [WIDOWED yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI attending edise 18. CAUSE OF DEATH [Enter only one cause peguline for (a), (b), and (c)-] INTERVAL BETWEEN ONSET, AND SEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** 530 igned by permit. in any e Conditions, if any, which } gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. burial-transt PART IL OTHER SIGNIFICANT CONDITION SUDDITIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) Hour a. p. factory, street, office bldg., etc.) While Not while at work at work p. m. 21. I certify that I attended the deceased from 1960, that I last saw the deceased M, fram the causes and an the date stated above. and that death accurred at_____ ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE should PHYSICIAN'S NAME (Type) ന 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or county] (Stote) REMOVAL (Specify)

ADDRESS

24a, REC'D BY REGISTRAR

2 8 '60

24b. REGISTRAR'S SIGNATURE

VS A15 (4 15M 9/55 BURIN

23. FUNERAL DIRECTOR'S SIGNATURE



Colling & Thous

Rest Haven Funeral Chapel Inc. Hagerstown, Md.

Uku. G. Hon +

VS A15 (4) 1SM 9/SB

4:3.0

the funeral director, should be filed with

pup

TO HOSPICATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 him may be inclined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filly page 3 shauld be detached far use as the burial-transit permit. Then please remaye corban papers. Pages 1 a the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

ofter death. Page 4

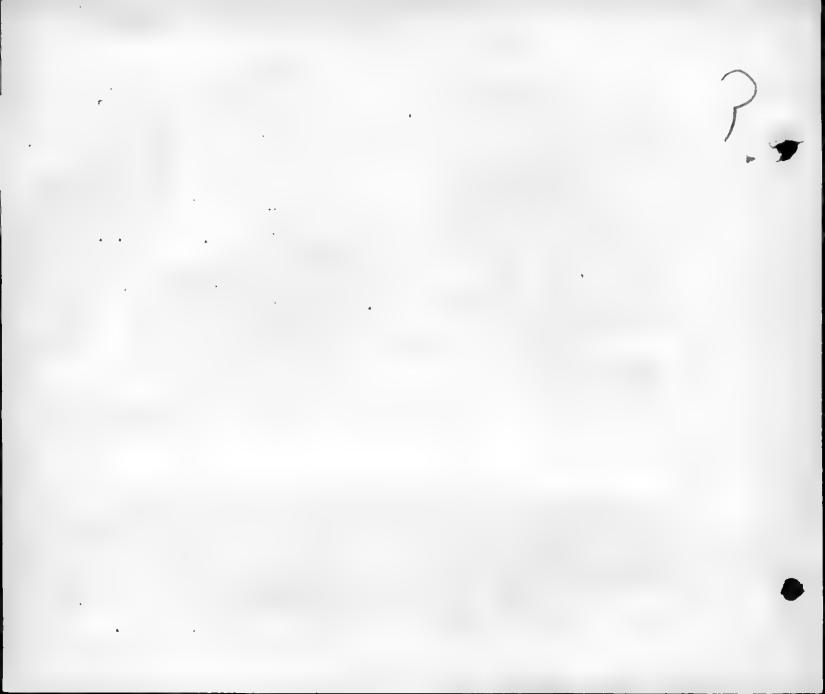
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

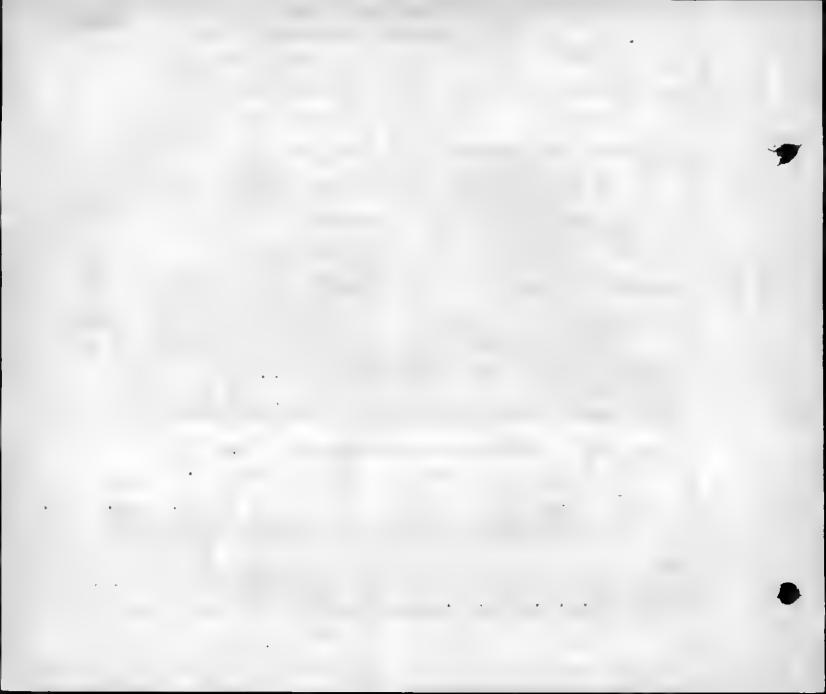
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CITO

1, PLACE OF DEATH o. COUNTY W	ashington	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived If institution: Res.	sidence before odmission) shington
WARIFAL OND SIVE	(If outside corporate limits, w nearest town) Md RFD	#1 50 yrs.		outside corporote limits, write RURAL of Liamsport Md RF	
Downsvi	TIAL (If not in hospital, give s	freet oddress)	d. STREET ADDRESS Downsvil	.le	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Annie First	Orea	Noats	4. DATE Month OF DEATH April	12 Yeor 19 60
s sex Pemale	3.Pa. a. z	MARRIED NEVER MARRIED DOWED DIVORCED	8 DATE OF BIRTH May 11 1881	lost hirthdox1	DER 1 YEAR IF UNDER 24 HRS. The Days Hours Min.
	ION (Give kind of work done orking life, even if retired)	10b. KIND OF BUSINESS OR INDI			CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	A 1/1 7 0		14. MOTHER'S MAIDEN N		
Thoma				zabeth Baker	
(Yes, no, or unknown)	/ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		r. George Mo	Williamspo pars	ort Md RFD #1
Conditions if gove rise to couse (o), stoting lying cause lost	g the under-	ex wyse	W Vell C	249-gra-por	- way
CATI				INAL DISEASE CONDITION GIVEN IN	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING 20b IG CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	Port or Port II of item 18.)	
20c. TIME OF INJL Hour a. m p. m	. 10 V	Od. INJURY OCCURRED 20e. P While Not while I work 1 of work	LACE OF INJURY (Home, form portory, street, office bleg., etc.	20f (City or town)	(County) (State)
sow the dece	1	tended the deceased from	1 11 20	3 106/11/11	9, that (I) (we) last the date stoted obove
220 SIGNATUR	eff Lep	sung/	M.D. PHYS US DI	ED STAFF PHYS	226 DATE SIGNED
NAME (Type)			27d. ADDRESS DE	worker	4
230 BUR AL, CRIMATI REMOVAL (Specif Burial	April 14	-60 Bakersv11	le Cemetery	23d LOCATION (City, town, or coun Bakersville M	(Stote)
24 FUNERAL DIRECTO	-	ADDRESS	2So REC	D BY REGISTRAR 256 REGISTRAR'S	
6.3/1.	1/1 60.11	Bullionach	TOVE DATE A	PR 14 '60 Orthur	1 S. Turne



か1	22	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
189 2		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
dioi di		Reg. Dist. No.
should remotic	M)	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
C4 6	SEI)	WASHINGTON MARYLAND B. COUNTY WASHINGTON
ssary. Page buriot		b. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (IF autside corporate limits, write RURAL and give nearest town)
		SHARFSBURG X BEAVER CREEK - PORAL
is ne actor	2. 7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
200	e grande	ALONG ROUTE 34 MAKERSTOWN MD. K. I. YES I NOTY
Strong Ger		3. NAME OF First Middle Last 4. DATE Month Day Year
fund fund regi		(Type or print) George McClelland Mowen DEATH APRIL - 17, 1960
# to #		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours last birthday) Months Day Married Day Marri
# o i #		MALE (NHITE WIDOWED DIVORCED DISEPT. 13. 1931) 8 yrs. Marini
d d d		10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stote or foreign caunity) 12. CITIZEN OF WHAT COUNTRY?
ond 2		LABORER - BOWDERS AND SELLERS ABBITOR FRANKLIN . CO. PENNA. 11.S.A
1, 2 of 2, 2		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ည် က <u>အို</u>	7	MARVIN MOWEN HAZEL STINE
in 24 re Pag Page File px	4/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
手法 .		YES 1 168-24-2611 MPS. PATSY MOWEN HAGERSTOWN NIDRI
P.M.3 Bit.		[18. CAUSE OF DEATH Enter only one coule per line for (o), (b), and (c).]
Pe i je		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Fracture Skull Instant
ler h fo	v '	DUE TO
be in with	1v	Conditions, if on which Amputation Left Leg Above Knee.
ong orio		[O], stoting the underlying DUE TO
Sto o	J-C	couse lost. (c) Fracture Right Humerus & Femur
fic.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) 19. WAS AUTOPSY PERFORMED?
ifio Sed O		TES □ NO ₹
per ner ner		20a. EXTERNAL CAUSE WAS 20b. DESCRISE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.) 20b. DESCRISE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.)
This ord Exam		I ADMANTIC PAR LATE PARA PROGRAM TO TRAC
Work Work	21	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
MINER g the v edical	×/	9:11 p. m. 1-17- 1960 of work of work State R 31 Sharpsburg. Wash.
< 5 ≥ 5°	4	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry . and find that
5 =		death resulted from: Natural causes . Accident X, Suicide . Homicide . Undetermined cause .
oote, he Cl	E .	
MEDICAL riffcote, 1 to the Ch DIRECTO		SIGNATURE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
A 7 7 7 7		ASSISTANT MEDICAL EXAMINER (7)
DEPL orworde FUNERA		EXAMINER'S NAME (Type) Dr. F. W. Ditto Jr. DEPUTY MEDICAL EXAMINER
		220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
5 , 5 ,		BURAL APR. 22. 1960 NOSE HILL CEMETERY HAGERSTOWN MD.
VS. A15ME(5)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/55	. /	Jahn H. Bast BOANSBORO MD DATEPR 22'60 Culling S. Firms



VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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U5074

1	o. COUNTY VASALINGTON		MARYLAND	2, USUAL RESI	D ENCE (Where dece \mathbb{D} .	eased lived. If instituti b. COUNTY		fore admission)		
	b. CITY OR TOWN (If outside corporo - RURAL and give negrest town)	te limits, write c. LENGTH	H OF STAY IN 16 AY	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	d. NAME OF HOSPITAL (IF not in hase WASH. CO. HOSP.	itat, give street oddress)		/d. STREET	DDRESS			a IS RESIDENCE ON A FARM? YES NO		
	3 NAME OF DECEASED	First	Middle	Lo	4 DA	TE Mor	ıth D	lay Yeor		
	(Type or print) 11ER		PA Na	ON	DEA	ATH 4	7	7 1960		
	5 SEX 6 COLOR OR I	RACE 7 MARRIED 1 NEV	DIVORCED	APRIL IS		9 AGE (In years last birthdoy) yrs	Months Doys	R IF UNDER 24 HRS Hours Min		
	100 USUAL OCCUPATION (Give kind of during most of working life, even if r		USINESS OR INDI		ACE (State or foreign RYLAND	gn country)	U.S.	F WHAT COUNTRY?		
	13. FATHER'S NAME			14 MOTHER'S	MAIDEN NAME					
	FREDERICK MUNSON			AMELIA	SHAFFER					
	15 WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) IIF yes, give wor or do		- e-	NFORMANT IS. STELL	A MUNSON	CAVETO	VVI, D.			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stoting the under: Typing couse last (c) General Red Arterio 3 clero 3 15 5 / 85.									
90	PART II. OTHER SIGNIFICANT D D D C 200 ACC.DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM)	2 + e 5	Meli	tus.			VEN IN PART 1(o)	PERFORMED? YES NO W		
	(If EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m., p. m. 19 While at work at work at work at work 19 work 19 While at work 19 w									
	21. I certify that (I) (this hospital) attended the deceased from. 12-13., 1957, to 4-7., 1960, that (I) (we) last saw the deceased alive on 4-7. 1960, and that death accurred of 270M, from the causes and on the date stated above.									
	22c. PHYSICIAN'S	F. Herr	·	M D PHYS.	0.00	STAFF PHYS	4	- 9-6 SIGNED		
	NAME (Type)			<u> </u>	nithsb		Mels			
	230 BURIAL, CREMATION, 236 DATE T		AF OF CEMETERY	OR CREMATORY		DCATION (City, town,		(Stote)		
	24 FUNERAL DIRECTOR'S SIGNATURE RED 1. IN AISS	nAJ'RSTOM,			250 REC'D BY RE		STRAR'S SIGNATI			



after death! Page

the death certificate

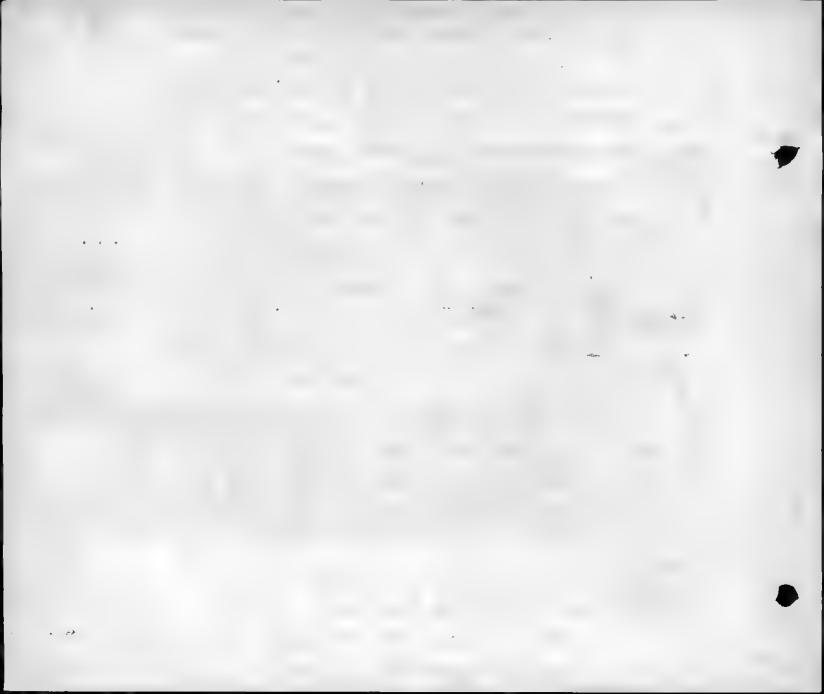
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

153.8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05076 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremolion Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH a. COUNTY e. STATE **b.** COUNTY Franklin Pa. MARYLAND Washington buriof, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ClearSpring Md 10 Minutes Charmian d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? YES NO-NAME OF First Middle Last 4. DATE Month Pey Year DECEASED OF DEATH fune (Type or print) 19 60 Paul C. Niemver õ 9 AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 3. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. ş. lost birthday) Months Hours Min. 2/15/1897 be retoined Male White WIDOWED [DIVORCED [7] 3 to yrs. ofter deoth. 2, and 3 to 100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Funkhouser Plant Green Spring Furnace Md. Cost Accountant may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Myrtie Tedrick William G. Niemyer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 18. SOCIAL SECURITY NO. Address Niemver. Charmian World War Mrs. Paul C . 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) olong with for buriof-transity OT 3UG Conditions, if any, which gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY SO PERFORMED? NO/ 20g, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.) should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) i 20f. (City or town) (County) factory, street, office bldg., etc. Not while While in m. ot work at work p. m. to the Chief Medi 21. I certify that I took charge of the remains described above, held an Autopsy \(\pi\). Inspection A Inquiry . Chief deoth resulted from: Natural causes Accident ... Suicide . Homicide . Undetermined cause [1] DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL **EXAMINER'S** DEPUTY MEDICAL EXAMINER 21-NAME (Type) 220, BURIAL CREMATION, 122b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) O Clear Spring, Washington Co. Md. Paul ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUMERAL DIRECTOR'S SIGNATURE VS. A15ME(5)

5M 9/55

DATE



VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

65077

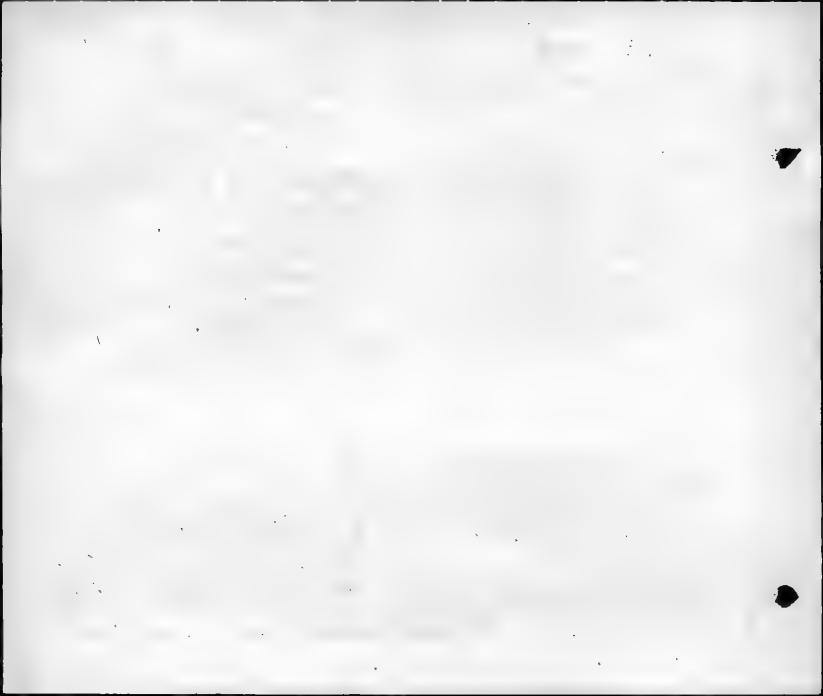
Ŀ									Reg. Dist. I	10.
1	PLACE OF DEATH WASHINGTO	V		MARYLAND	2. USUAL RES	TAT)	Where decease		vition-Residence b	pefore admission)
	b. CITY OR TOWN (it outs de cerporate limits, un and give nearest town)	rie AURAL	c LENGTH C	F STAY IN 16	c. CITY OR				RURAL and give	nearest town)
	HAGERSTOWN		4 HO	URS	> CL	EAR :	SPRIN	G		
L	d. NAME OF HOSPITAL OR INSTITUTION			al address)	AS. STREET A					o. IS RESIDENCE
E	FAIRCHILD AIRCRAF	r, 1,77	ANT I		1.IILL	ST.	-		v 649	YES NO
13	D. NAME OF DECEASED (Type or print) VIRG	en EL	В.	iddle	PECK		4. DATE OF DEATH	Mont	h Dog	y Year 1960
4	5. SEX 6 COLOR OR RACE	7. MARRI	ED NEVER	MARRIED []	DATE OF BIRTH			9 AGE (In years	IFUNDER TYEA	
1	ALE WHITE	WIDOWE	D DIV	ORCED 🔽	CT 15,	I90.	4	55 yrs.	Months Days	Hours Min.
1	On USUAL OCCUPATION (Give kind of work	done 10b. I	KIND OF BUSIN	ESS OR INDUS	TRY IT BIRTHPL	ACE (Stote	or foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY
	during most of working life, even if relired INSPECTOR	A.	IRCRAF	T	TARY	LAND			U.S	. A.
Ī	13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	NAME			The state of the s
1	JOBE PECK				NORA	SUF	FECOO.	L		
	S. WAS DECEASED EVER IN U.S. ARMED FO	E toury cont	SOCIAL SECUR		NFORMANT			Address		**
	10	2	20-09-	9297	MRS. J.	AMES	COYL	E BOC	DISPORO	, v.D .
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (i) DUE TO Conditions, if any, which gove rise to immediate couse [o], stating the underlying Cause last. PART II. OTHER SIGNIFICANT COU	Se a	Ayo Care will be a few of the contributing to	on lea	Kenão vo Xi	hec	ux_	Clip for		19. WAS AUTOPSY PERFORMED?
4.	CAUSE OF DEATH.	06. DESCRIB	E HOW INJURY	OCCURRED (Enter nature of in	ury in Par	t for Part II o	of item 18.)		
	20c. TIME OF INJURY Month, Doy, Y. Hour a. m. p. m. 11	White		ile fect	CE OF INJURY (Horry, street, office	lome, form bldg., etc.	20f. (City	or fown)	(County)	(State)
ı	21. I certify that I taak charg	e of the	remains de	scribed abo	ove, held an	Autops	y 🔲, In	spection 🖃	Inquiry [and in my
ı	apinion death resulted fram:	Natural (causes 🕝	Accident	, Suicide		Hamicide	. Undete	ermined mann	ner 🔲
	ACTUAL SIGNATURE CLU	26. Ditt	0/4	M D	M.D.	TE LEDIC	CAMINER AL EXAMINER EXAMINER		4	DATE SIGNED
1	220. BURIAL, CREMATION, 226 DATE THERE			CEMETERY OF				ION (City, fown,	or county)	(State)
	BURIAL 4/23/	1960	BLAI		Lay		CLE		NG OD	10.2101
	3. FUNERAL DIRECTOR'S SIGNATURE CO	LEAR :	ADDRESS SPRING			240 REC'I	D BY REGISTR	AR 24b. REGI	STRAR'S SIGNALL	HRE



rs ofter death Page 4

	5039 Tto		TE OF DEATH	30	2
	1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Who state	ere deceased lived If institution b. COUNTY	
	b CITY OR TOWN (If outs de corporate limits, write RURA) and give nearest town) Hagerstown	6 Weeks	c. CITY OR TOWN (IF or	utside corporate limits, write RUI	
	d. NAME OF HOSPITAL (If not in haspital give street OR NSTITUTION	address)	d. STREET ADDRESS	Conv.Homo:xx	/ Cole IS RESIDENCE ON A FARM? YES X NO
	Wash County Hospita. 3. Name of Drechased First	Middle	Last	4. DATE Month	
	(Type or print) HARRY		PITSNOGLE		6 1960 19
	5. SEX 6. COLOR OR RACE 7. MARI White WIDOW		B. DATE OF BIRTH Sept 3 188	lost birthdoy)	FUNDER TYEAR IF UNDER 24 HRS. Months Doys Hours Min.
1	100. USLAL OCCUPATION (Give kind of work done 10b.	Lab —			12 CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired) Brick Mason		Ft Frederi		USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
_	Daniel Pitsnogl		Katherin		
Į	NS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. og ynknown) (If yes, give war or dates af service)		FORMANT	Addre	
	(Yes, no, or unknown) (If yes, give war or dates of service)	0-10-3010 M	rs Gertrude	Wise 21 E.	Baltimore St
_	18. CAUSE OF DEATH (Enter only one couse per li	ne for (p), (b), and (c).]	Magers	town Wd.	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	- MWOCOOK	hax allel	20 CHCALL	May
	420,1 DUE TO			0.0,00	
	Conditions, if ony, which (b)		V		V
	gove rise to immediate DUE TO				
	lying couse lost. (c)				
}	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition G VE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art 1 or Port II of item 18)	
	Hour a.m. While	r_	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		(County) (State)
	21 I certify that (I) (this haspital) attend	(A. 6	V 1 10851	e 10 1/6/6	that (I) (we) last
	saw the deceased alive on 7. /	OSCIP , and that a	ATTENDING ME		an the dote stoted above
	22c PHYSICIAN NAME (Type)	ug	M D. PHYS. DIE	ŘÉCTOR PHÝS.	7/1/89/
1		(/	19/1/18	ut foot	1/9.
	23a BURIAL, CREMATION. 23b DATE THEREOF REMOVAL (Specify)	V 23c. NAME OF CEMETERY O		23d LOCATION (City town, or	Md.
	BUTIAL 4/9/60 r.	ADDRESS	Cemetery Cu	IMDETIAND ALL BY REGISTRAR 256 REGIST	TRANS SIGNATURE
	andrew K. Coffman Ha	ageretown Md	DATE AP		ing S. Kraus.

Andrew K. Coffman Hagerstown Md.



MARYLAND STATE DEPARTMENT OF HEALTH SPINISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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DRACKAI

TO HOSPITY OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 per softer death. Page 4 may be and by the hospital or attending physicion.

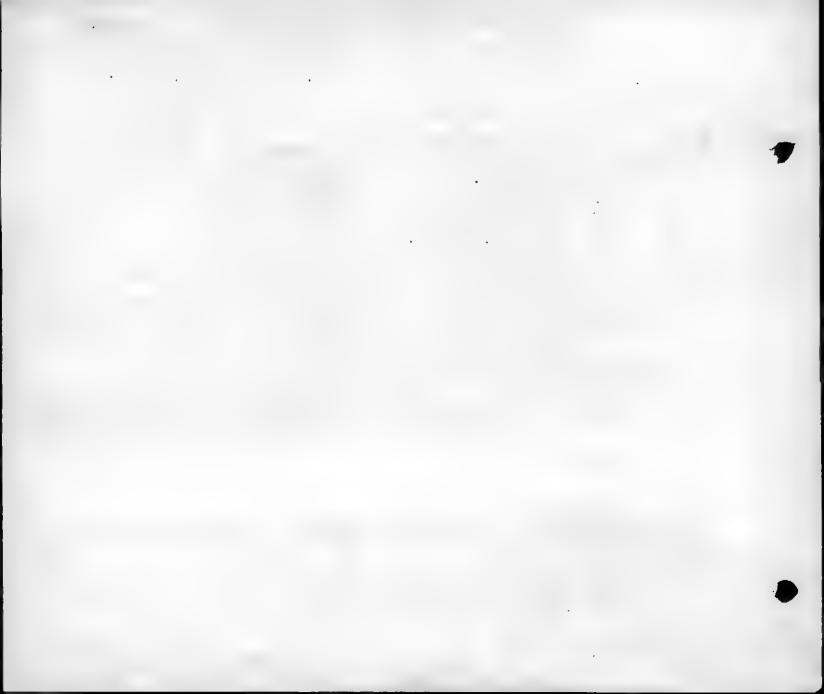
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon pages. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, ar remayal, and in ony event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

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b. COUNTY B. CITY OR TOWN If flourible corporate limits, write RURAL and give necreat from) LITY OR TOWN If flourible corporate limits, write RURAL and give necreat from) WILL I AMS POR J. NAME OF TOWN If the outlide corporate limits, write RURAL and give necreat from) A. NAME OF CONSTRICT In hospitol, give dreet oddress) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IF all flourible corporate limits, write RURAL and give necreat from) J. NAME OF TOWN IN ALL FLOURIBLE I TOWN IN AL	_	
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RUPAL and give incores town) NAME OF HOSPITAL (If not in hospital, give street obdites) A. STREET ADDRESS C. ISTRESS	L	WASHINGTON MASHINGTON
d. NAME OF CHOSPITAL (If not in hospital), give street oddress) 3. MANE OF CHOSPITAL (If not in hospital), give street oddress) 3. MANE OF CHOSPITAL (If not in hospital), give street oddress) 3. MANE OF CHOSPITAL (If not in hospital), give street oddress) 4. STREET ADDRESS 6. IS RESI ON A VES ON A VES OF CHOSPITAL (If not in hospital), give street oddress) 5. SEX ON A VES OF CHOSPITAL (If not in hospital), give street oddress) 6. COLOR OR RACE 7. MARRIED 8. DATE Month 9. AGE (In year) 100 SEATH OF LANGE (In year) 101 SEATH OF CHOSPITAL (In Green and of work of the	1	PLIPAL and give negrest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3. NAME OF SPECIAL OCCUPATION, I (or in do in week done) OR STITUTION 100 USLAL OCCUPATION, I (or in do in week done) OR NAME OF HOSPITAL (If not in hospital, give street oddress) OR NAMED SPECIAL OCCUPATION, I (or in do in week done) OR NAMED OR NAMED NOTE SPECIAL OR NAMED OR NAMED NOTE SPECIAL OR NAMED OR NA		WILLIAMSPORT IMMORSONS X REEDYSVILLE
SAME OF First Middle Doy Y DEATH DOY D	Г	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
SEX 6. COLOR OR RACE 7. MARRIED INVERT MARRIED B DATE OF BIRTH 9. AGE (In year) FUNDER IVEARIFUNDED SEX 1. MALE WHITE WIDOWED DIVORCED SPT - 5 - 1873 Sex Married Ma		WILLIAM SPORT SANITARIUM MAIN ST. YES INO DE
SEX 6. COLOR OR RACE 7. MARRIED INVERT MARRIED B DATE OF BIRTH 9. AGE (In year) FUNDER IVEARIFUNDED SEX 1. MALE WHITE WIDOWED DIVORCED SPT - 5 - 1873 Sex Married Ma	3.	NAME OF First Middle Lost 4. DATE Month Day Year
DIVORCED SPT-5-1873 lost pirithody) Mounts Doys Hours County County Hours Hou	L	Type of grieffy - D 11/6 - DELLOS - DEL
MALE WHITE WIDOWED DIVORCED SPT - 803 SC y15. 100 USUAL OCCUPATION (Give kind of work done of working) libb. Kind of Business or Industry 11. Birthplace (stole or foreign country) AETHER DIVERS ANAME 13. FATHERS MAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF BEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if only, which gove rise to immediate couse (o), stoling the under: 19. OA ACCIDENT WAS UNDERLYING DUE TO ONSET AND ONS	5	MAKKED THEFE MAKKED
degring most of working life, even if retired) NETTIFED + ARMET2 13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address: Interpolate December De		
13. FATHERS NAME 14. MOTHERS MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one course per line for (e), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (e), (b), ond (c).] 19. PART I. DEATH WAS CAUSED BY: 19. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gove rise to immediate put to lying course lost. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 119. WAS A PERFORMENT OF CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 119. WAS A PERFORMENT OR CONTRIBUTING CONTRIBUTION CONTRIBUTION COURSED (Enter nature of injury in Part I or Part II of item 18.) 20c. ACCIDENT WAS UNDERSYING CONTRIBUTIONS CONTRIBUTION COCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. ACCIDENT WAS UNDERSYING CONTRIBUTION COCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. CONTRIBUTION COURSE OF DEATH (I) (FITTHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERSYING COURSED (Course of Injury in Part I or Part II of item 18.) 20c. ACCIDENT WAS UNDERSYING COURSE OF DEATH (I) (FITTHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERSYING COURSED (Course of Injury in Part I or Part II of item 18.) 20c. ACCIDENT WAS UNDERSYING COURSED (Course of Injury in Part I or Part II of item 18.) 20c. ACCIDENT WAS UNDERSYING COURSED (Course) (Cour	16	Da USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? In 6. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to a immediate couse (o), stoling the under: Iying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS A PERFOI YES CONTRIBUTING CAUSE OF DEATH (I) FITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTIONS CONTRIBUTION OF COURSED (C), stoling the under: 10 CONTRIBUTING CAUSE OF DEATH (I) (I) FITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that (I) (this haspital) attended the deceased from		Description of the second of t
It yes give wor or dates of services NONE HERDDORE CF CABER GE 2 FED SINUE	13	
It yes give wor or dates of services NONE HERDDORE CF CABER GE 2 FED SINUE		SHARE PASSELLASISEE DAVE DAVE
It yes give wor or dates of services NONE HERDDORE CF CABER GE 2 FED SINUE	7	WAS DECEASED EVER IN IL S. ARMED ECRES 214 SOCIAL SECURITY NO. 17 INFORMANT
18. CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse [c), stoling the under: [to] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS A PERFOI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c TIME OF INJURY Month, Doy. Year 20d INJURY OCCURRED While of work of wor	Ϊĭ	Yps, na, or unknown) [1! yes, give wor or dates of service]
PART I. DEATH WAS CAUSED BY: DUE TO	14	
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21. I certify that (I) (this haspital) attended the deceased from	9.5	OR CONTRIBUTING LI CAUSE OF DEATH
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saw the deceased alive on	2	
226 SIGNATURE. ATTENDING MED. STAFF DIRECTOR PHYS ATTENDING PHYS.	Н	21. I certify that (I) (this haspital) attended the deceased fram
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M.D. PHYS. DIRECTOR PHYS		
		M.D. PHYS. PHYS. PHYS D
22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 22d. ADDRESS	П	
7-01/12 P. PLULT		-0012 0. QLULT
230. BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City, town, or county) (Stote	23	
BURLAC MAY-2,1060 BOODISTSORD CEINETIERY BOODISTORD WASH. CO.M.		the many that a local transfer to the same of the same
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	24	
Jahr H. Bast Books BORO MD. DATE MAY 5 '60 arily S. King		Jelly & Bast Books BORO MD. DATE WAY 5 150 Chilling & thouse



o STATE

#d. STREET ADDRESS

Last

Hagerstown

Marvland

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

Middle

1.5080

Washington

Day

12

25b REGISTRAR'S SIGNATURE

Circher S. Krous

e. IS RESIDENCE ON A FARM?

YES NOTE

Year

19 60

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

1115 Virginia Ave.

4. DATE

250 REC'D BY REGISTRAR

b COUNTY

Month

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DA	Page :			
TO MOSPILE OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours, after death. Page 4	may be need by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	page 4 shall are expressed and the state of the burner and the state of the state of the state of the state of the burner and the state of the burner and the state of the burner and the state of the state of the burner and the state of the		
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15M 9/59

PLACE OF DEATH

Hagerstown

OR INSTITUTION

24 FUNERAL DIRECTOR'S SIGNATURE Suter - Rouzer Fi

Washington

b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)

d, NAME OF HOSPITAL (If not in haspital, give street address)

Washington County Hospital

a. COUNTY

NAME OF

{Тур	pe or print)	LELA	GRAC	Œ	POTTS	DEATH	April		13	2 1	1960	
5. SEX		6. COLOR OR RACE	7. MARRIED NEVER MARRIE	D B. D	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER			7	
F	emale	white	WIDOWED DIVORCE		ay 15, 1887		72 yrs.	Months	Days	Hours	Min.	
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN during most of working life, even if refired)											OUNTRY?	
	Housewife			_	Ellerton,	Mary]	and		U.S.	.A.		
13. FATHER'S NAME												
John Summers Cordelia Poffenberger												
		R IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO	1.3								
<u> </u>	no		none	Mis	s. Margaret	L. Pe	tts Hage	rstow	m,_1	1d		
18.			use per line for (o), (b), and (c)						INTE	RVAL BE	TWEEN DEATH	
	PART I. DEATH WAS CAUSED BY: GOTONARY Insufficiency										y B	
	420. / DUE TO Ant and and anothing Hannet Discours											
	Conditions, if any, which gove rise to immediate couse (a), stating the under: (b) Arteriosclerotic Heart Disease (b) DUE TO (c) Hypertensive Cardio-vascular Disease									y es	rs	
C										7		
	ying couse last.	(c)		RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IG) 19. WAS AUTOPS								
CATION	None Performed? YES □ NO □										PRMED?	
CER	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
WEDICAL 302	Hour o.m.	Y Month, Doy, Yeo	While Not while at work of the other other of the other other o		OF INJURY (Hame, form y, street, affice bldg., etc.		or town)	(County)		(Stote)	
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			r11 12 19 60 and									
22	a. SIGNATURE		mon, hg.		ATTENDING MI	D. RECTOR	STAFF PHYS			22	SIGNED	
22	PAME (Type)	W. T. Lay	man, M.D.		22d ADDRESS 10(fession own, Ma			Blo	ig.	
23a. B.	JRIAL, CREMAT O	N. 236 DATE THEREO	F 23c, NAME OF CEM	ETERY OR C	REMATORY	23d. LOCA	TON (City, town,	or county)		(Stat	e)	
	Burial	4/16/196	80 Rose Hi	11 Cen	eterv	Hage	rstown			Mary	land	

ADDRESS

Hagerstown. Md.

Funeral Home

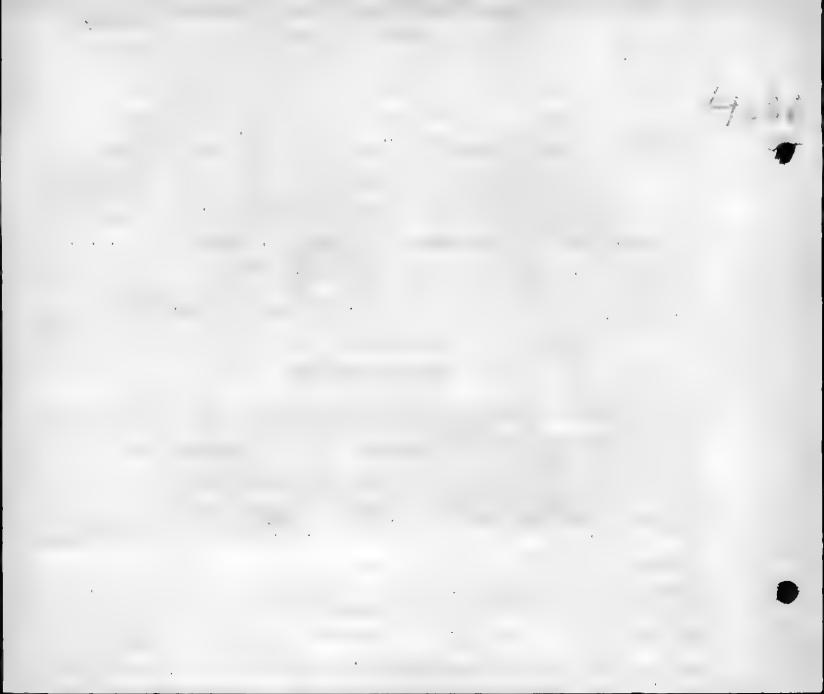
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part.			MARYL	AND STAT	E DEPARTA	LENT OF H	IEALTH	—BALT	IMORE, 1	8	PAC		
			511	8	CERTIFIC	ATE OF I	DEATH			Reg. Dis	טויט	Į	
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		b. CITY OR TOWN (I	f outside corporate limits	, write c. LENC	OTH OF STAY IN 15			tside corpore	te limits, write R				
		RURAL ond give no	_	Li	fe	X	Casca	de					
×		d. NAME OF HOSPIT OR INSTITUTION	'AL (If not in haspital, giv	e street oddress)		d. STREET	DDRESS					RESIDEN ON A FAR	RM?
	1	NAME OF DECEASED	First		Middle	Lo	st	4. DATE OF	Mor	th	Doy	Year	
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op Ja	13.	HOUSE FATHER'S NAME	Duties		<u> </u>	14 MOTHER'S	ascade				U.D.,	d. a	_
4							Susan		0				
Suc	15.	John M WAS DECEASED EVE	R IN U. S. ARMED FORC	ES? 16. SOCIAL S	SECURITY NO. 17	INFORMANT	o usen	MICHOI	.S Add	ress			
4	(Ye	s. no. or unknown)	(If yes, give war or dates of ser	rice)		Calvin G	Preso	יים יי		de Md.			
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6		gave rise to i	mmediate (10 1100	10 1	- Care	-1	rus apra	7. CLACU	10	7	A. I
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ov O	CERTIFICATION											S N	
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atian	MEDICAL	20c. TIME OF INJUR Hour o, m,	Y Month, Doy, Year		CCURRED 20e. Pi	ACE OF INJURY (Home, form, e bldg., etc.)	20f (City o	or town]	(C	ounty)	((Slale
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to b		1	2	PI					et, city or tawn,		Λ	DATE	
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istro		PHYSICIAN'S NAME (Type)											
reg	220	- BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREOF	22c. N	AME OF CEMETERY O	R CREMATORY		22d. LOCATIO	ON (City, town,	or county)		(Stote)	
the re		Burial	4/12/60		Bethel				#1, F1			Md.	
()	23.	FUNERAL DIRECTOR	S SIGNATURE		DRESS			APR 1 2		STRAR'S SIG			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5047 CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) a. STATE filed o. COUNTY b. COUNTSHINGTON MARYLAND WASHINGTON MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give negrest (pwn)
HAGERSTOWN 3 weeks CLEAR SPRING R 1 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE MARTIN MANOR REST HOME 1222 Virginia Ave. ON A FARM? Saint Paul's YES IN NO ! NAME OF Middle 4. DATE Manth Year DECEASED OF DEATH 1060 PRYOR APRII. LUELLA WHITE 15 (Type or print) 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days **FEMALE** WHITE WIDOWEDTK DIVORCED [FEBRUARY X 7 1884 76 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? STHOOL TEACHER Public Schools EMMITSBURG, MARYLAND U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WALTER W. WHITE FANNIE ROWE remove (7 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address NO NONE Mrs. Earl Knepper. Clear Spring, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ā PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (o) CHRONIC NEPHRITIS **DUE TO** Conditions, if any, which ARTERIOSCLEROTIC HEART DISEASE UNKNOWN gave rise to immediate **DUE TO** cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17. WAS AUTOPSY PERFORMED? NONE YES TO NO K 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) o. n. Not while at work of work 21. I certify that I attended the deceased from March 26, 1960 19 to April 15, 1960 , that I last saw the deceased and that death accurred at 5:30 A. M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIANNS NAME (Type) Archie Robert Cohen, M.D. Clear Spring, Maryland April 15, 1960 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 60 Emmitsburg, Mt. View Maryland Ruria 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Emmitsburg, Md. DATE APR 1 9 '60 arthur & Trave Wilson C.E.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) a. COUNTY Washington b. COUNTY Washington o. STATE Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Hook vears Sandv Hook d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM old U.S. Own Residence 340 YES NO. Middle 4. DATE Month Day Year OF DEATH April RAY 6. 00 (Type or print) GRACE PEARL 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T. B. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Months Aug.30, 1881 White WIDOWED [DIVORCED | Female 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) Tom's Brook, Virginia USA Own Home Housekeeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James William Ray Marian Dawson 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTMrs. Melvin O. Address Hoar Brunswick, Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? NO EL 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while q. m. of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy []. Inspection Inquiry . and find that death resulted fram: Natural causes A. Accident . Suicide . Hamicide . Undetermined cause

CHIEF MEDICAL EXAMINER

22c. NAME OF CEMETERY OR CREMATORY

Virts Cemetery

ADDRESS

Harbers

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

240. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

Sandy Hook, Maryland

24b. REGISTRAR'S SIGNATURE

Cinthun & Hamel

CV pe Office be used os 2 SM 9/55

Page 4 should be cremotion

buricl.

for

3. NAME OF

DECEASED

ACTUAL

SIGNATURE

EXAMINER'S NAME (Type)

REMOVAL (Specify)

220, BURIAL CREMATION 226, DATE THEREOL

FUNERAL DIRECTOR'S SUMMATURE

4/8/60

VS. A15ME(S)



ADDRESS

Hagerstown. Md.

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

R. Grantly Person

Suter - Rouzer Funeral Home

24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 25'60 DATE

aritur & Kraus

65085

. IS RES DENCE ON A FARM?

YES TO NO 121

19 60

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

10 Hun

PERFORMED?

YES - TO -

DATE SIGNED

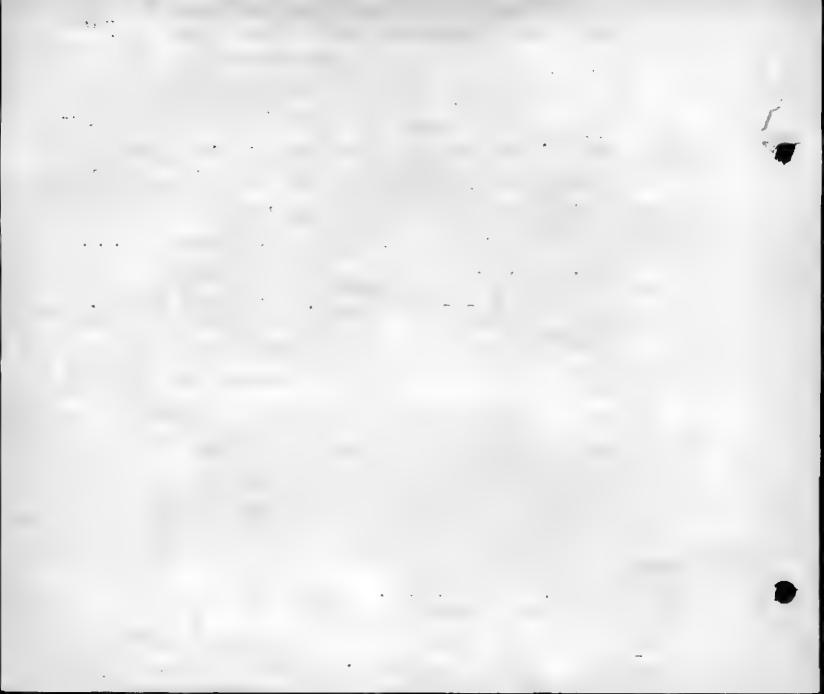
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3.	PLACE OF DEATH D. COUNTY Washing			MARYL	AND	2 USUAL RESIDENCE (Who o. STATE Marylan	d	Washing	ton		
	B CITY OR TOWN RURAL and give r	(If outside corporate	limits, write	c. LENGTH OF STAY II	4 1b	c CITY OR TOWN (IF or	utside corpo	rote limits, write R	URAL and giv	e nearest to	wn)
		stown		D. O. A.		X Williams	port	R # 1			
	d. NAME OF HOSPI	ITAL (If not in hospite	ol, give street o	oddress)		d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
	OR INSTITUTION	County 1	Hospit	al		Downsv	ille				NO [
3.	NAME OF DECEASED		First	Middle		Last	4. DATE OF	Mon	th	Day	Year
	(Type or print)	ANNA		ELEANO	R	ROHRER	DEATH	April :	L5 196	30	19
5.	SEX	6. COLOR OR RA	CE 7. MARRI	IED NEVER MARRIED		8. DATE OF BIRTH		9. AGE (In years last birthday)	Months D		
	Fenale	White	WIDOWE	D DIVORCED		Sept 24 18	86	73 yrs	Months	ays Hou	rs Min
_	. USUAL OCCUPATI		ired)		INDUS	TRY 11. B RTHPLACE (State of near	or foreign o	ountry)	12.CITIZE	N OF WHA	T COUNTRY?
	Housewit	(e	0	wn Home		Hagerato		sh Co	vid.	USA_	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N					
		iel Holl				Alice	Talk				
15	WAS DECEASED EV		FORCES? 16 !	SOCIAL SECURITY NO		IFORMANT TO		Add		20 11	
	NO NO			None	Mr				troge	R #	1
		-		e for (a), (b), ond (a)]		Downs	ville	•		INTERVAL ONSET AN	BETWEEN
	PART DE	ATH WAS CAUSED E	BY. iE (a)	Lor	on	sry Ochlas	aga			The	tant.
	4761	alreis.	то П			A	-				
	Conditions, if ony, which) (b) Coronary allegos lerosis V 10 ps										
	gave rise to immediate (NIS 70									* 	
	lying couse lost. (c) along 5 clarific floor free free free free free free free f										
20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY										
¥.	Diabetes Weelitus, PERFORMED?										
CERTIFIC	OR CONTRIBUTION	AS UNDERLYING COME CAUSE OF DEAY MEDICAL EXAMINE	ATH I	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in F	art I or Por	t II of item 18.)			
	20c. TIME OF INJU			JURY OCCURRED 12	On PL	ACE OF INJURY (Home, form	20f (Cits	ne towal	ICo.	unty)	(Stote)
MEDICAL	Hour o. m.		While	Nat while	fac	ctory, street, office bldg., etc.)	01 101111	(20	0.1077	(0.0.0)
×	p, m,		19 at work	t of work		10.75		21			
1				ed the deceased f			ta_	12/01	1965	5 that (1)	(we) last
	saw the deced	ased alive an	your 1	2-19/00, and 1	hat d	leath occurred at	M, fram	the causes an	d on the	date state	ed abave.
	220 SIGNATURE BULLISCO MED STAFF DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIRECTOR PHYS DIRECTOR DIRE										
	22c PHYSICIAN'S NAME (Type)	BBI	NEis	LEY.		148 W. W	ash	in St.	Hoge	stru	w,
23	BURIAL, CREMATI		EREOF	23c. NAME OF CEME	ERY O	R CREMATORY	23d LOCA	TION (City, town,	or county)	(5	tote)
P	REMOVAL (Specification)	()	60					_	. ,,,		
-	FUNERAL DIRECTO		au	ADDRESS	UE		D BY REGIS	PRAR 256, REGI	STRAR'S SIGN	LATURE	
	andrew F	Coffm	an Has	rerstown l	Ad.	DATE AS	R 2 0	60 C	ithun S.	trans	

Andrew K. Coffman Hagerstown Md.

DATE APR 2 0 '60

after death. Page 4 TO HOSP! OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 forms after death. Page may be need by the hospital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in (by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove garboa papers. Pages 1 and 2 should be filled withe State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours offer death.

VR A1S (4) 1SM 9/59



434.4

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Sharpsburg Maryland ON A FARM? Month Yeor April 21 1960 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF JINDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U.S.A Address 2603 Mr. Paul Roulette Sharpsburg Maryland INTERVAL BETWEEN ONSET AND DEATH davs Postoperative emboli from deep pelvic veins 1 week Gastrectomy for bleeding stomach ulcer 2 Weeks PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔟 NO 🗍 (County) (Slote) 160, that I last saw the deceased and that death accurred a 2:40 M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22b DATE THEREOF 220 BURIAL CREMATION. 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Bulf 124 (Specify) Mt. 23-60 View Sharpsburg Maryland Cemetery

240. REC'D BY REGISTRAR

DATE

246. REGISTRAR'S SIGNATURE

may be D FUNERAL 0 VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES T NO 10

> > (Stole)

DATE SIGNED

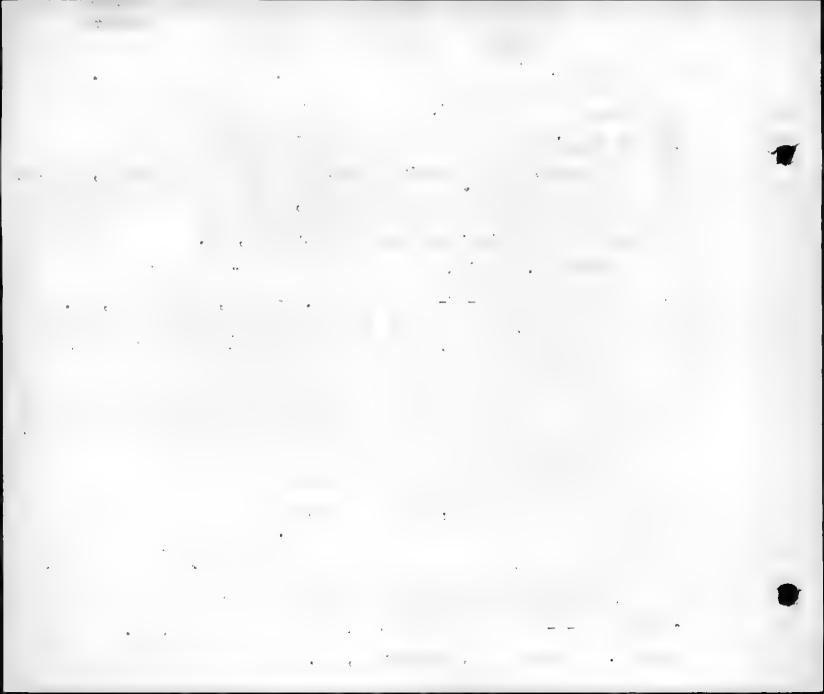
(Stote)

YES NO

Year

1960

VS A15 (4) 1SM 9/SB



ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

65090

VISION	OF	STATISTICAL	RESEARCH	AND	RECOR	D\$ —	BALTI	MC
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	5.7			77				

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	ACE OF DEATH COUNTY		- 4 0		2.				lived. If instituti		before o	admission)
	1	ND	o. STATE Maryland b. COUNTY Washington									
b.	CITY OR TOWN (III RURAL and give no Hagersto		its, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A 2 Hagerstown					t lown)	
d			jive street	address)		,d. STREET AI	DDRESS		_		e. 1	S RESIDENCE
V	as hington	AL (If not in haspital, so County Ho	spit	al		805	Salen	n Ave.				ON A FARM?
DI	AME OF ECEASED ype or print)	CHARLES	st	Middle ED GAR		SINN		4. DATE OF DEATH	April	nth	Day 14	Yeor 19 60
S SE	х	6. COLOR OR RACE	7. MARR	TED NEVER MARRIED	8. 0	ATE OF BIRTH		9	AGE (In years lost birthday)			JNDER 24 HRS.
	ale	white	WIDOWI			une 10,			79 yrs			ours Min.
10a	during most of work Shoe Make	N (Give kind of work ing life, even if retired BT	done 10b.	KIND OF BUSINESS OR I	INDUSTRY		•	or fareign cou ge Penn			5 .A .	HAT COUNTRY?
13. F	ATHER'S NAME				1	4. MOTHER'S	MAIDEN N	IAME				
		John H.					Ida	Clark				
S. V		R IN U. S. ARMED FOR If yes, give wer or dates of :	erview)		17, INFO	RMANT			Add	fress		
Inc			2	14-28-6156	Rex	Sinn		Hag e	erstown,	Maryla	and_	
1		TH [Enter only one co TH WAS CAUSED 8Y- IMMEDIATE CAUSE (c		ritonitis							ONSET	AL BETWEEN AND DEATH CAYB
	577	DUE TO		7 2 40112 420	-							
	J / oc.		Po	rforated I)1 ve	rti eu l	10m c	of sig	moid		3	days
1 1	Conditions, if all gave rise to in	n mediate		TTOTA GEG I		I OLCA	r count	72 540) O = C		-	
	couse (o), stoting		>									
_ L	lying couse last.) (c)(
CATION				CONTRIBUTING TO DEATH								YERFORMED?
	Art	terioscle		c Heart Di						1010	Y	5 29 NO
CERTIF	200 ACC-DENT WA DR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in P	Port I or Part I	i of item 18.)			
MEDICAL	Oc TIME OF INJUR Hour a m	Y Manth, Day, Ye	ar 20d. II While at war	Not while		OF INJURY (I , street, affice			or town)	(Cou	infy)	(Stote)
1 1		i /II /distantananana	7 ottore	led the deceased from	- A T	nnil l	7 10	60 m A	pril 1	4 10 60) the	//\dam\ ==4
				1419.60, and th								
	220. SIGNATURE	ed dilve dri	71.11	and it	nor dea	n accurred	ar p	M, from t	ne causes of	na an the c	sore si	22b, DATE
	1/1/	1.) ligno	~		M D	M D ATTENDING MED STAPF SIGNED PHYS. DIRECTOR PHYS.						
	22c. PHYSICIAN'S NAME (Type)	W. T. La:	yman	M.D.		22d. ADDRE	10		fession			Bldg.
23a.	BURIAL, CREMATIO	N. 23b DATE THERE)F	23c. NAME OF CEMETE	RY OR C	REMATORY			ON (City town,			(State)
E	REMOVAL (Specify)	4/18/19		Rest Haven					stown	,,	Ma	ryland
26 F	UNERAL DIRECTOR	S S GNATURE	1 Har	ADDRESS			25a. REC'I	D BY REGISTR	AR 2Sb REG	ISTRAR'S SIGN	IATURE	
17	Teanlile	s s gnature tzer Funera Roge	T 1101	Hagersto	wn.	vid.	DATEAP	R 1 8 '60	a	Thur S. A	Come	

may be LOBERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in ay the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

OR MITTENBING EHYSICIAN: The law requires that the death certificate be executed within 24 h

TO HOSP!

YR A1S (4) 1SM 9/S9



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessory, please exertor. Page 4 should be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESERVEE (Where deceased lived. If Institution: Residence before admission)

o. STATE HD • WASH • e. COUNTY WASHINGTON b. COUNTY MARYLAND buriol b. CITY OR TOWN (If outside corporate firms), write RURAL c. LENGTH OF STAY IN 15 J.C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) CLEAR SPRING RURAL CLEAR SPRING 38 YEARS RURAL 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 100 es. MUMMERT ROAD MUMMERT ROAD 3. NAME DE First Middle Lost DATE Month -DECEASED the fun. OF TAMES REATNE SITES (Type or print) DEATH 1, 2, and 3 to n.

Ty be retoined for 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR WHITE 7 91 birthday) MALE NOV. 13.1889 Months WIDOWED [7] DIVORCED [7] 100. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) PENNA. FARM may 13. FATHER'S NAME 24 hours a Pages 1, 2 loge 5 may 14. MOTHER'S MAIDEN NAME ALBERTA K. STULTZ GEORGE F. SITES 60d 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CLEAR SPRING, RT 2, MD. 220-30-9227A MRS. ELIZABETH SITES NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, pencil olong v gove rise to immediate cause DUE TO (a), stating the underlying couse lost. pending" in 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ö writing the word purificiely Medical Examiner's OR: Page 3 should be us 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. MEDICAL EXAMINER: This 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.] Hour Not white of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ertificate, writid to the Chief J death resulted from: Natural causes 4. Accident | | Suicide | Homicide . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER -

ROSE

ADDRESS

CLEAR SPRING.MD.

HILL

VS. A15ME(5) 5M 9/55

9

220. BURIAL CREMATION

23. FUNERAL DIRECTOR'S SIGNATURE

JOHN F. CLARK

BURLAL (Specify)

22b. DATE THERE

INTERVAL BETWEEN ONSELAND DEATH 4 PERFORMED? YES 🗍 NO EL (County) (Stote) Inspection [Inquiry], and find that Undetermined cause DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY CLEAR SPRING. (Stote) 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE APR 1 9 '60

IS RESIDENCE
 ON A FARM?

YES NO

Year

IF UNDER 24 HRS.

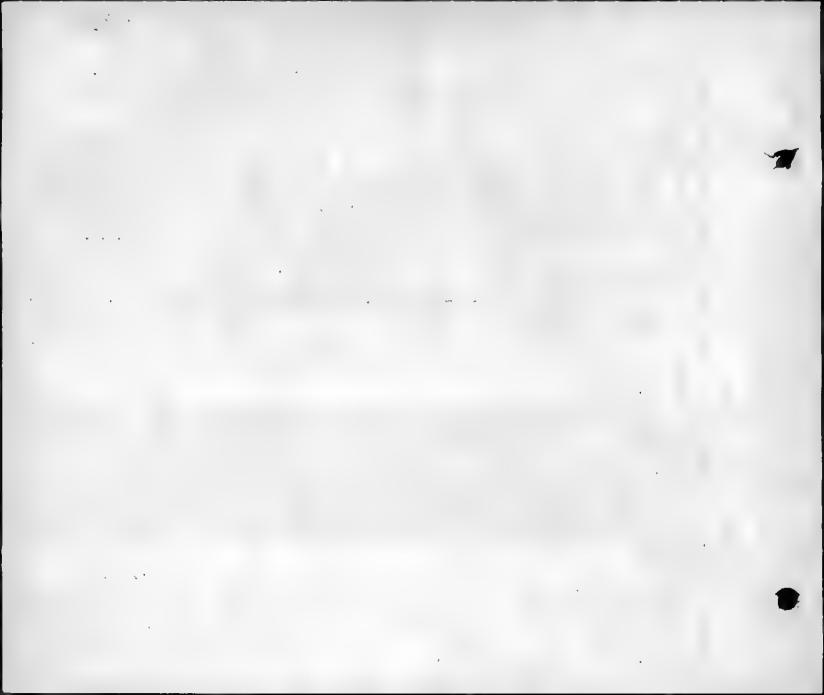
Min.

Hours

Days

U.S.A.

1060



MARYLAND STATE DEPARTMENT OF HEALTH 5047 CERTIFICATE OF DEATH

05092

- VI y GERTINION	TIE OI DEATH
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
WASHINGTON MARYLAND	MARILLAND WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 1b	c. CITY OR POWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) HAGERSTOWN ONE WEEK	XMTILENA RUBBI
d NAME OF HOSPITAL (If not in haspital, give street address)	d STREET ADDRESS e. IS RESIDENCE
WASH, CONHASPITAL	BOOKS BORD MD. R. Z ON A FARM?
3. NAME OF First Middle	Lost 4. DATE Month Day Year
OFCEASED (Type or print) F (A	SMITH DEATH ADRIL 20. 1960
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost birthdoy) Months Doys House Min
(+FNIALIE WHITE WIDOWED DIVORCED []	Detail of the state of the stat
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) INTERVER - MARKUAND RIBBON CO.	CLEARSPRING WASH, CO. MD. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MILLIAM VOST	HATTIE VOST
15. WAS DECEASED EVER IN U. S. ARMED FORCESP 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
(Yes, no, ar unknown) (If yes, give war or dotes of service) 220 -18 -3034 M	RS. HELEN MOSER BOONSBORI MID. RIZ
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART ! DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Pulmonar	u Embolism 5-6 den s
633 V DUE TO	
Conditions, if ony, which) (b) Pan- material	tom. 9 days
gove rise to immediate couse (a), stating the under DUE TO	
lying couse lost. (c) ahrombo - phle	botts demoral - belove been 5.6 days.
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DILEASE CONDITION GIVEN IN PART 1(0) 19 WAS AULOPSY PERFORMED?
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO
	ED. (Enter nature of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State of County)
Hour o. m. While Not while for work of work	nery, steed, office orag., etc.)
21 1 certify that (I) (this haspital) attended the deceased fram.	agril 17, 1960, to apr. 20, 1960, that (1) (we) las
	death accurred at XA.M., from the causes and an the date stated above
220. SIGNATURE	22b DATE
U. S. Stander	M.D ATTENDING MED DIRECTOR PHYS WALL 22 1960
22c PHYSICIAN'S NAME (Type) D & C T	22d ADDRESS
NAME (Type) R.S. STAUFFER	Hagerstown Md
230 BUR AL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county) (Stote)
DURIAL APRIZZIEGO MTILEN/4	CEMETERY MT. LENA WASH GO IND.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
John D. Wast DOONSBORD 1X	DATE APR 25'60 CIXTURE & Thomas

director, TO HOSP/ OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours, after death. Pamay be need by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direpage 3 shauld be detached for use as the burial-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filed the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs ofter death VR A15 (4) 15M 9/59

ofter death. Page 4

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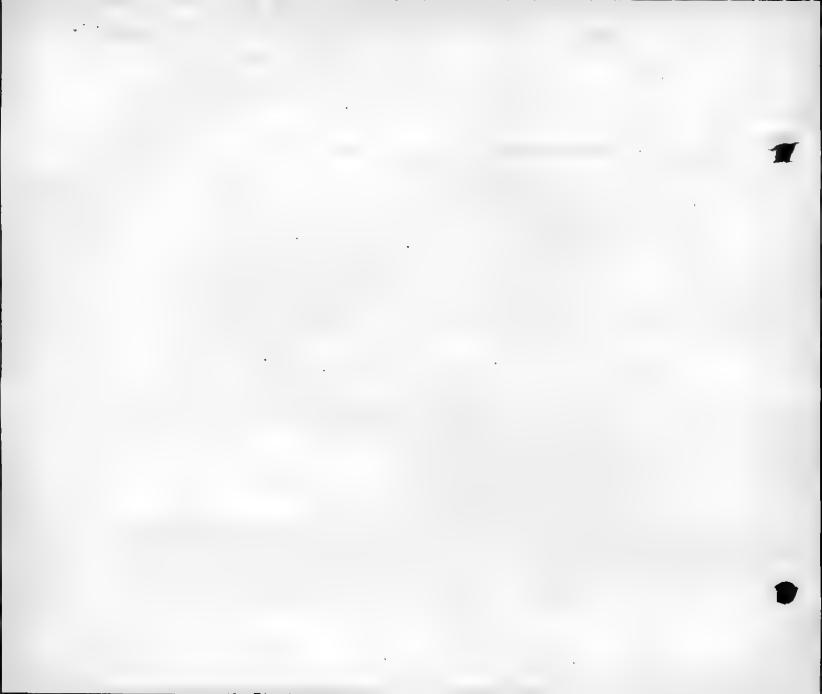
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سرء ٠	-			
	4		1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b. COUNTY	
	"	/	WASHINGTON MARYLAND 6. COUNTY WASHINGTON	
P ero			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)	
들			BOONSBORD HWEEKS X LOCUST CROVE, RURAL	
sho	de.	2 ,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION a. IS RESIDEN ON A FARI	W5
ر م م	/-	12	REEDER NURSING HOME RUHREIZSVILLE MD. R. 1 YES D NO	Į,
] o .			3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year	
oges death			(Type or print) CERTRUDE EDNA SMITH DEATH ATRIL - 3- 196	
e P				HR Ain.
ers. F			FEMALE WHITE WIDOWED DIVORCED DULY-29-1877 82 YIS. 8 4	LTD
campie papers aurs afi			10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stole or foreign country)	TEIC
ond Son 72 h			NONE AT HOME LOCUST (ROVE WASH, Ch. MO. U.S.A.	_
- N-				
ysician yve cai within	1_	_	ALBERT SMITH SARAH GRIMM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117 INFORMANT Address	_
ng physic s remave eyent, wit	7,	•	[Yes, no oc unknown) (If yes give war or dotes of service)	7
itending physi please remave any eyent wi		l,		_
÷ D	1		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY: SENERHLIZED ARRIVER ONSET AND DEA	
he al hen nd in			IMMEDIATE CAUSE (6)	
			conditions, if any, which) CONGESTIVE HEART FAILURE 'Zear	
ed			gove rise to immediate (Disc. To	
re re-			couse (a), staling the <u>under.</u>	
been s transit an, or			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO	DPS
의 한 한 Stign		()	PURULENT CISTITIS PERFORMENT YES NO	57
te has burial remati			200 ACCIDENT WAS UNDERLYING TI 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 1B.)	_
the la			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
as as vurio				Stot
his o use to b			Hour a. m. While Not while of work of work of work of work	
iter t d far priar			21 I certify that (1) (this hospital) attended the deceased from Octobe 1950 to April 3, 1960, that (1) (we)	la
- d)			saw the deceased alive on 4-2-1960, and that death accurred a KIN from the causes and an the date stated about	
detach Health Health			22o SIGNATURE 1 22b DA	TE
o g			Joseph Termar- M.D ATTENDING MEDITECTOR STAFF April 4, 1968	5"
X		· E	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 21 North Main St.	
3 shauld ote Board			Joseph Secondari, M. D. Boonsboro, Maryland	
Dage 3 sharthe State State		F.	23d BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote)	
2 g =			13 URIAL APRIL-6-1960 MI. LION CENIETERY LOCUST GROVE WASH. CO. NID	
_			24. FUNERAC DIRECTORS SIGNATURE ADDRESS 25d. REC'D BY REGISTRAR'S SIGNATURE APR 7 60 Culture S. House	
/59	7	à.	John F1 10 Dast DOONSBORD IXII) DATE APR 7 60 Cithur & Kinns	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 hed by the haspital at attending physician

TO HOSPI VR AT



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay in necessary, please executed certificate, writing the ward "pending" in pencit in Item. 18. Give Pages 1, 2, and 3 to the first discussion, Page 4 shaw the forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be religyed for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a build-transit perput. Fit pages 1 and 2 with the State Baard, of Health, or its designated agent, prior to burial, cremation, or remaval, and fit any event within 72 hours after death.

VS A15ME

5M 2/57

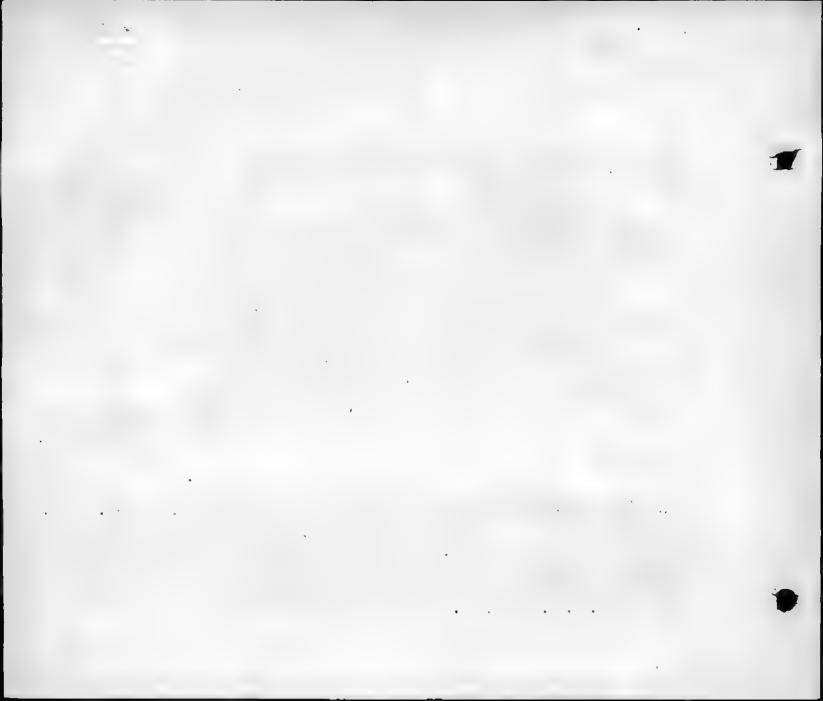
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1,5094

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	ce before admission)					
	O. COUNTY MARYLAND	6. STATE MARYLAND 6 COUNTY WASHIN	UC 771 A/					
	CITY OR TOWN (If outside corporate him is, write RURAL ond give regrest lown)	c CITY OR TOWN (If outside corporate limits, write RURAL and g						
	SHARDSBURG	* BEAVER CREEK - RUI	7A /					
	i. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e IS RESIDENTE					
	ALUNG ROUTE 34	HACERSTONIN MD. 12.1	YES NO IB					
	NAME OF First Middle	Lori 4 DATE Month	Day Year					
	(Type or print) PALLMAND. PLEVELAND. S	MITH DEATH APRIL - 17	1960					
5. 5		fact high dead	YEAR IF UNDER 24 HRS					
λ	ALE WHITE WIDOWED DIVORCED	FEB. 11-1933 27 yrs. Months Do	ays Hours Min.					
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12 CITIZE	N OF WHAT COUNTRY					
1	luring most of working life, even if returnd) ABORIER SOUTHERN PACKLING COMPANI	HAGEISSTOWN WASH . CO MID U	A.2.					
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	17,0%					
	KAYMAND O , SMITH SR	ALICE MEANER						
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. IF	IFORMANT Address						
110	vies [If yes, give wer or deles of service]	7S.SHIRLEY SMITH. HAGERSTOW	M MOP.I					
	Ye. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	COLORINGE - A STATE H. LANGE COLORAS	INTERVAL BETWEEN					
	PART I, DEATH WAS CAUSED BY.		Instant					
IMMEDIATE CAUSE (o) Tracture Skull Vertebrae								
	00010							
	Conditions, if ony, which (b) Fracture Ribs, Lef	t & Right						
	(a), stating the underlying DUF TO	D. H						
		Rt. Humerus & Radius						
ğ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(6) 19. WAS AUTOPSY PERFORMED?					
13			YES NO TO					
CERTIFICATION	206 DESCRIBE HOW INJURY OCCURRED, (E	nter nature of injury in Part I or Part II of Item 18)						
	CAUSE OF DEATH. Speeding car left r	oad crashing into tree.						
₹	20c. TIME OF INJURY Month, Day, Your 20d. INJURY OCCURRED 20c. FLAC	IF OF INJURY (Home, farm, 120f. (City or town) (Count	(Stote)					
MEDI	1 20 100 100 100 100 100 100 100 100 100	e R. # 31 Sharpsburg. Was	b 7//a					
1	21. I certify that I took charge of the remains described abo							
			Party /					
	apinian death resulted from Natural causes . Accident	X, Suicide [], Homicide [], Undetermined mo	nner [_]					
	ACTUAL S. S. S.	CHIEF MEDICAL EXAMINER	DATE SIGNED					
	SIGNATURE JELL JELL	ACCISTANT MEDICAL EVAMINED (7)						
	EXAMINER'S	DEPUTY MEDICAL EXAMINER	-19-60					
20	NAME (Type) Dr. E. W. Ditto, Jr.							
1 1	BURIAL, CREMATION, 12% DATE THEREOF TO CEMETERY OR	CREMATORY 22d LOCATION (City, lown, or county)	(Stote)					
	BURIAC JAPRIL 22,1960 KASE HILL	EMETERY HAGERSTOWN MO						
23	FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	4 4					
	Tolun MY Bail BO'NSBORO MD.	DATE APR 22'60 Chilling S. 7	Lietta					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

65095

	5.04.8 CERTIFICATE OF DEATH
	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
(MARYLAND D. STATE A 12:16 AND. 6. COUNTY A SHIMOTON
ŀ	c. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)
	RURAL and give neorest town) -3 VIETERS X SMITHS BURL
	1. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE
	OR NSTITUTION ST. CO. HOSP. TAC 68 S. MAIN ST. YES NO IN
- 1	NAME OF PIEST Middle Lost 4. DATE Month Day Year OF DECEASED Type or print) PENJAM AN FRANKLIN SIVIPER DEATH APRIL - 15: 1960
. 5	8. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
	MACE WIDOWED DIVORCED SEPT 2-1875 84 yrs. 7 13 Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY OUT OF THE PROPERTY OF WHAT COUNTRY OF THE PROPERTY
3.	FATHER'S NAME
	SIMAN P SNUDER MARY VIRGINIA LEFEVRE
ìs.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT / Address
(Yes	NO (16 yes, give war or dates of service) NONE . GEHR W. SNYDER SNITHSBURG NII
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	* PARTI, DEATH WAS CAUSED BY: Antergolopiotic Condious gollon Discours
	MARCHAIL CHOOL (a)
	Canditians, if any, which (b)
	couse (a), stating the under DUE TO
	lying cause last. (c)
Ž	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
3	YES NO M
CERTIFICATION	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while of wark at wark a
	21. I certify that (I) (this hospital) attended the deceased from ====================================
	sow the deceased alive on 4-12-019, and that death occurred at 15 M. From the causes and on the date stated above
	206 DATE
	Check 5. Hers M.D. PHYS. MED DIRECTOR STAFF 4-16-50
	22c. PHYSICIAN'S NAME (Type) 123. II 2. d. D. 3. I 1. D
230	BURIAL, CREMATION, 23b. DATE THEREOF) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State)
	REMOVAL (Specify) ACRIL 18 DESMITHS BURG OF METER SIMITHS BURG MD.
245	FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Zw.	MI A FUND PROMISERUM VID
	DATE APR 22'60 Gilling & King

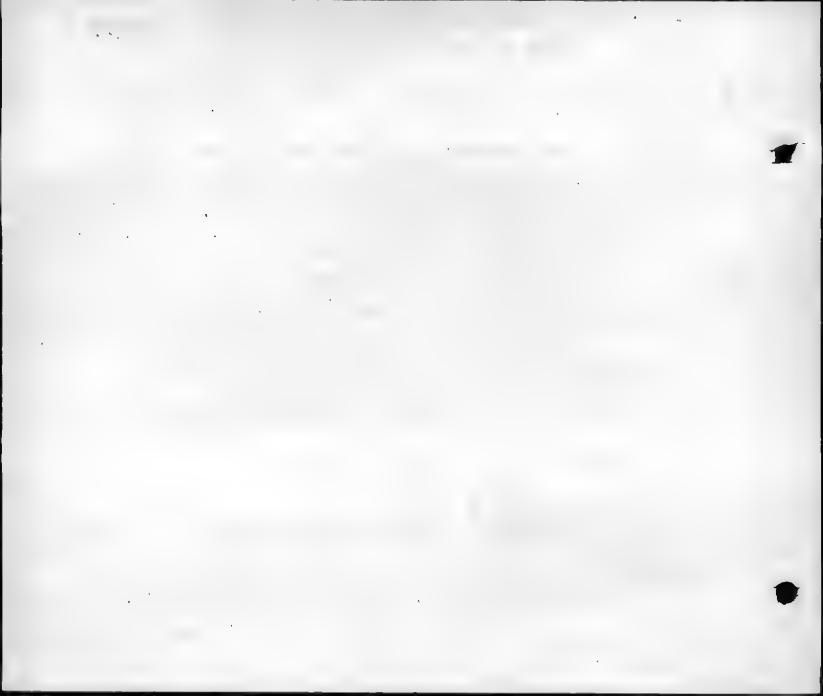
TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 imay be the bashial or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board at Health prior to burial, cremation, ar removal, and in any event, thin 72 haurs after death.

VR A15 (4) 15M 9/59

ofter death. Page 4

ond 2 shauld be filed with



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

49 CERTIFICATE OF DEATH

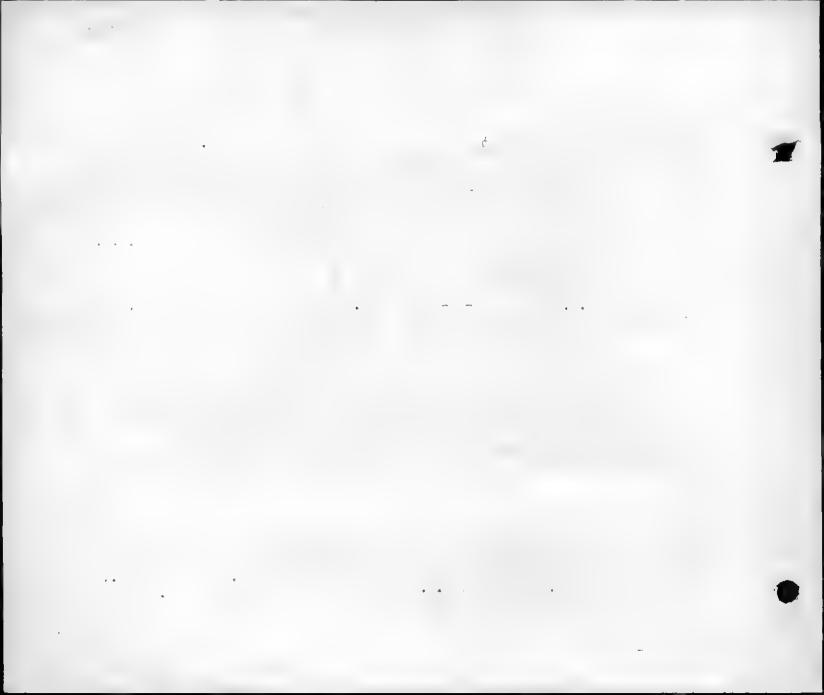
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1			9.6	43	CLKI	IIIICA	IL O	DLA	1 8		0.0	0 - 14	
,	1. PLACE OF D				-				Where deced	sed lived. If institu	tian: Residen	ce before a	dmission)
	o. COUNTY	Wash	nington		M	ARYLAND	a. ST/	Mary	yland	b. COUNT	Y Was	hingt	on
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF S	TAY IN 1b	c CII	Y OR TOWN (If outside con	porote limits, write	RURAL and g	give nearest	town)
	Hager				years		0.3	Hag	gersto	WTG			
1	OR INSTI	ITUT-ON	(L (If not in haspitol, (_			REET ADDRESS					RESIDENCE
-	washin	ngton	County Ho	apita	3.0		1 1	302 Oak	c Hill	Ave.		YE	5 NO K
	3 NAME OF DECEASED (Type or pri	int)	HARRY	rst	EDGAL	ddle R		SNYDEF	4. DAT	A 4.7	enth	16	79 60
	S SEX		6 COLOR OR RACE	7 MAI	RIED T NEVER MA		B. DATE O			9. AGE (In years last birthdoy)			JNDER 24 HRS
	male		white	WIDOV	VED DIVO	RCED [June	21, 189	91	68 yr	F-11-0-11-11-11	Days Ho	ours Min
	10a. USUAL Of	CCUPATIO	N (Give kind of working life, even if retired	dane 10b	. KIND OF BUSINES	S OR INDU	STRY 11. E	IRTHPLACE (Ste	ale or foreign	country)	12. CITI	ZEN OF WH	AT COUNTRY
	Lawye						В	oonsbor	ro, Ma:	ryland	U.S	.A.	
	13. FATHER'S N	MAME	-				14. MO	THER'S MAIDE	N NAME			-	
-		Jaco	b Martin	Snyde	er			K ELI	la Hile	debrahd			
,	15. WAS DECE	ASED EVER	IN U.S. ARMED FOI	RCES? 16	. SOCIAL SECURITY	NO. 17. IN	IFORMAN'	ī		Ad	dress		
1	yes	, ,	W.W.I		212-38-900	DI M	rs. V	era Sny	yder	Hagers	town,	Maryl	and
	1 1		TH [Enter only one or	ouse per l	line for (a), (b), and	(c).]						INTERVA	AL BETWEEN
	IMMEDIATE CAUSE (6) Cris brul Throng boars 12 clarge												
	41	13:	DUE TO										
	Condition	ons, il on	y, which) (t	.1	Stypen	tell In	14 Cd	Lelion	counts	- chier	, ,	Much	Entaria
		ise to im), stating t	mediate (DUE TO		11								
	lying car		ne onder-	:)									
	Z PA	RT 11 OTH	ER SIGNIFICANT CON		CONTRIBUTING TO	DEATH BUT	NOT RELA	TED TO THE TE	RMINAL DISE	ASE CONDITION G	IVEN IN PAR	T 1(o) 19. V	VAS AUTOPSY ERFORMED?
	TA D												S NO
	Z0a. ACCI OR CONTI	DENT WAS	S UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJUR	Y OCCURRE	D, (Enter n	ature of injury	in Part I or I	Port II of item 18.)			
		, NOTIFY	MEDICAL EXAMINER)										
	₹ 20c. TIME		Month, Doy, Ye	ar 20d.	INJURY OCCURRED	20e. PL	ACE OF IN	JURY (Hame, fo	orm, 20f. (0	City or fown)	(0	County)	(Stote
	20c. TIME (p. m.	19	While at we	e Notwhile	1	adry, stree	t, office bldg.,	erc.)				
			(I) (this haspita	I) atten	ded the deces	ed from		4-4	10600	, 4-	16 10 0	5 on that	III Iwal Ima
	1 1	•	ed Alive an	,	-16 1960.								
y d	22a. SIGN		1			and man	leanir ac	corred area	<u> </u>	in the cooses o	nd on me	dole se	22b.DATE
1		7	John JTH	0-11	Ca her		M D PHY	ENDING	MED. DIRECTOR	STAFF PHYS.			SIGNE
	22c. PHYSI	ICIAN'S		-			22d.	ADDRESS	154 W	• Washing	ton St	709	
	INAMI	E (Type)	John H. Ho	rnba	ker, M.D.				Hager	storm, Md	•		
	23o BURIAL, C		N, 236 DATE THERE	OF.	23c. NAME OF	CEMETERY O	R CREMAT	ORY	23d LO	CATION (City, town	, or county)		(State)
	Buria	L_(Specify) L_L	4/19/190	60	Boonsh	oro C	emete	rv	_	onsboro		Mar	yland
	24_FUNERAL C	DIRECTOR'S	SIGNATURE		ADDRESS			- T	EC'D BY REG	SISTRAR 256 REC	GISTRAR'S SIG	GNATURE	
	R. Fean		zer Funera	T HO	Hagers	stown.	Mary	landoate	APR 21	'60	M. temples	Thames.	
	V						- 4/	-					

Page 4 ond 2 should be fixed with after death TO HOSP/ OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fmay be red by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic an and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 3 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

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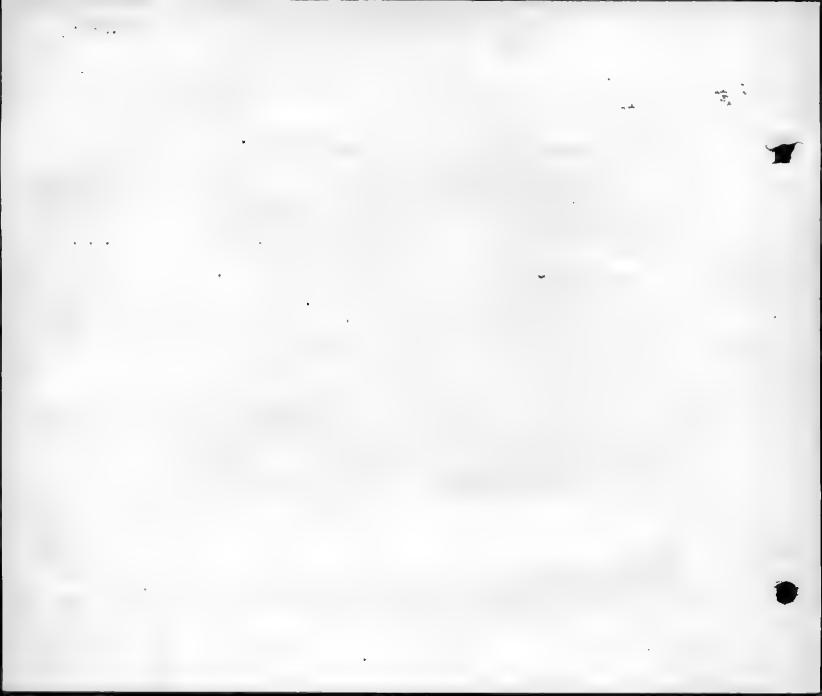
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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L		50	50	CERTIF	ICA	TE OF DE	ATH						
1	PLACE OF DEATH a. COUNTY	shington		MARY	LAND	2. USUAL RESIDE 0. STATE M	NCE (Where dec		If institution. COUNTY	on: Residenc			on)
	b. CITY OR TOWN (IF RURAL ond give ned Hagerstown	outside corporate limi	ts, write	c. LENGTH OF STAY	IN Jb		WN (If outside of Hagers		nits, write R	URAL ond g	ive neon	est town)
	d. NAME OF HOSPITA OR INSTITUTION Washingto	n County F	_			d. STREET ADD	oress son Ave,				8.		DENCE FARM? NO [2]
3	NAME OF DECEASED (Type or print)	HOWARD	st	Middle CECIL	-	SOCKS	4. DA		ril		Day 19	1	rear 1960
	male	6 COLOR OR RACE white	WIDOW			August	1913	lost	E (In years birthdoy) 46 yrs	Months		Hours	R 24 HRS Min
	Odd Jobs	N (Give kind of work in ng life, even if retired	done 10b	KIND OF BUSINESS O	R INDUS	Hager	stown, N		nd		J.S.		OUNTRY?
		lbert Sock			.,	14 MOTHER'S M	Rozelia	E. S					
19	S. WAS DECEASED EVER Yes, no, or unknown) (II	IN U. S. ARMED FOR Fyes, give wer or dates of s	CES? 16.	SOCIAL SECURITY NO		George P.	Socks	Hag	ersto	wn, Ma	aryl	and	
	Conditions, if on gove rise to im couse (o), stoting to lying couse lost.	he under-)	reBras	<u> </u>	lemod	ef ho	195					de
COTICA TION	200 ACCIDENT WAS			CRIBE HOW INJURY O						VEN IN PART		PERFO	ALTOPSY RMED? NO [
A LECTION		MEDICAL EXAMINER) Month, Day, Ye 19	ar 20d. I While of wor	NJURY OCCURRED Not while t of work		ACE OF INJURY (Hotory, street, office b		(City or to	vn)	(0	ounly)		(Stote)
2	21. I certify that saw the decease 224 MATURE 22c PHYSTIAN'S NAME (Type) 30 BURILL, CREMATION REMOVAL (Specify)	Figure 2	19	ded the deceased and and	that d	eath accurred A.D. PHYS 22d ADDRES R CREMATORY	MED DIRECTOR	_ STA	AFF C	and an the		Stated	S GNED
2	Burial Suberal directors Suber-Rouze R Zanhlu	signature r Funeral	60 Home	Rose Hil ADDRESS Hagerstown			250 REC'D BY RIDATE APR 2 S		2Sb REG	STRAR'S SIG	NATUR		nd



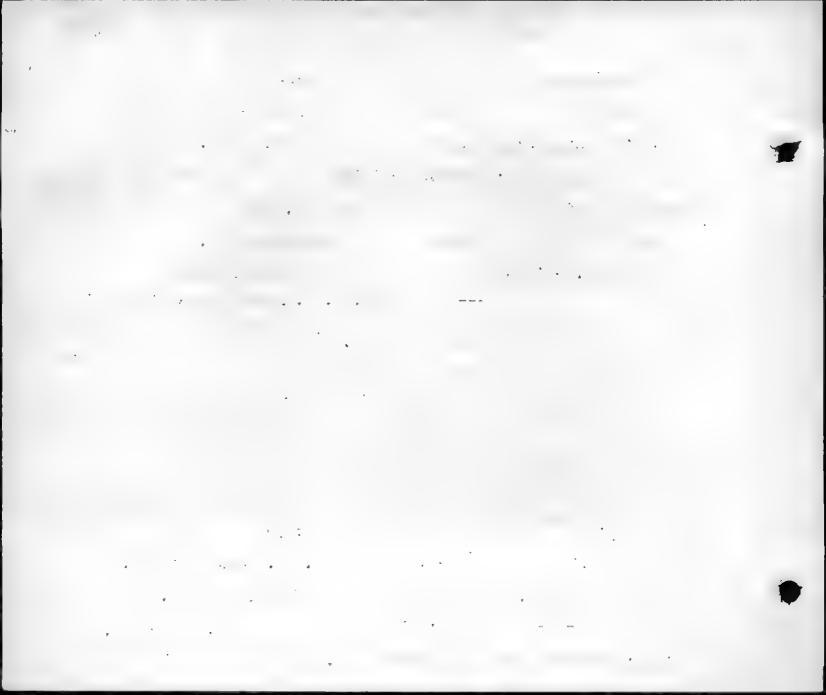
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5051

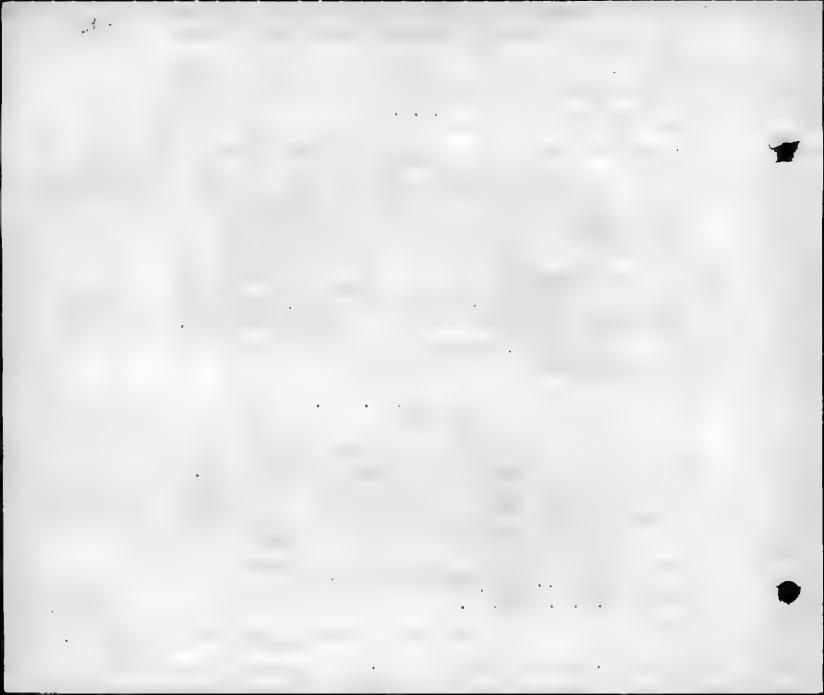
CERTIFICATE OF DEATH

65098

			Keg. Dist. No.
i.	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
-	b. CITY OR TOWN (If outside carporate limits, wri RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 3 Hagerstown
	d. NAME OF HOSPITAL (If not in haspital, give str OR INSTITUTION	eet address)	/d. STREET ADDRESS 138 East Ave. o. IS RESIDENCE ON A FARM? YES \(\sigma \text{NO} \)
3.	NAME OF First DECEASED	Middle	Last 4. DATE Month Day Year
5.			8 DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HR
	Female White wood	OWED DIVORCED	April 14, 1882 78 yrs Months Doys Hours Min.
L	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	%. KIND OF BUSINESS OR INDUS	Hagerstown Md.
13	FATHER'S NAME	-	14. MOTHER'S MAIDEN NAME
	Samuel C. Spielms . WAS DECEASED EVER IN U. S ARMED FORCES? es. (no. or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. II	Ida Miller NFORMANT Address PS. J. E. Roush Cleveland Ohio
	18. CAUSE OF DEATH (Enter only one couse per part I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (c) DUE TO Conditions, if only which gave rise to immediate couse (a), stating the under-lying cause lost (c)	Cerebral &	Fruis Clara 15 32
NOTATION		NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO [
CFRTIFI		DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I or Part II of item 18.)
MEDICAL	20c TIME OF INJURY Month, Day, Year Hour o.m., p.m. 19 of		ACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Statery, street, office bldg., etc.)
			occurred at 8:058, from the causes and an the date stated above ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) DATE SIGNS M.D. 217 W. Washington St. Hagerstown Md.
2.	BUT181 22b. DATE THEREOF	Rose Hill	
	FUNERAL DIRECTOR'S SIGNATURE COLT F. Minnich & Sc	n Hagerstown	Md DATE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 2 6 60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSP

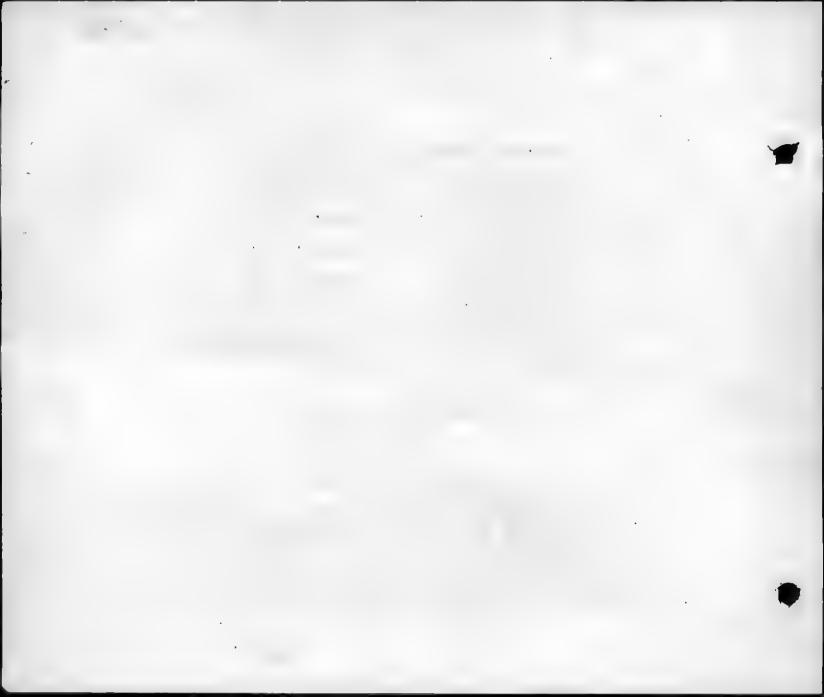
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
THEM 7 CERTIFICATE OF DEATH 5053

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-					
1.	PLACE OF DEATH a. COUNTY	MARYLAND	o STATE	eased lived If institution: Residence I b. COUNTY	before admission)
-	WASHINGTON		MARYLAND	WASHINGTON	
ı	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR IOWN (It outside o	orporate limits, write RURAL and give	nearest lown;
_	HAGEICSTOWN		X TILGHMAN	TON	İ
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	H. STREET ADDRESS		IS RESIDENCE ON A FARM?
L	MARTIN MANOR REST	HONIE	TURA		YES NO X
3.	NAME OF First	Middle	Lost 4. DA	A -	Day Year
L	(Type or print) SESSIE	N. S	UMAN DE	ATH APRIL - 6 -	19 60
5	SEX 6 COLOR OR RACE 7. MARI	RIED HEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years IF UNDER 1 Y last birthdoy) Manths Do	
	FEMALE WHITE WIDOW	ED TO DIVORCED I	JULY-21-1876	83 yrs 8 1	ys Hours Min.
10	o USUAL OCCUPATION (Give kind of wark done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Slote or forei	gn country) 12 CITIZET	OF WHAT COUNTRY?
		SWN HOME	TILGHMANTON	WASH CO. MD. C	I.S.A.
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Н	CLOSIAH BI	LOAM	FLEANOR	FITCH	
		SOCIAL SECURITY NO. 17 IN	HORMANT	Address	
Ľ	(es, no, or unknown) (If yes, give war or dates of service)	NONE M	ISS M. IRENE BL	LOOM TILGHMANT	
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (a). (b), and (c).	21.11	+ 1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	C. Vender	HOVIA /XT	ARATION	/ Day
	420 / DUE TO	10-10-11			7
	Conditions, if ony, which) (b)	/			
	gove rise to immediate DUE TO	•	•		
	lying couse last. (c)				
NO.	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1	o) 19 WAS AUTOPSY PERFORMED?
TAN					YES NO
CEDTE	20g. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or	Port II of item 18.)	
1	20c TIME OF INJURY Month, Doy, Year 20d.			(City or town) (Cou	nty) (Stote)
A COLUMN	Hour o. m. White of wor	NOT WITTE	ctory, street, office bldg., etc.)		
1			4/6/1/200	4///// 1/ 100	Ala = A (11 (1 1 4
ı	21. I certify that (I) this haspital reftend				, that (I) (we) lost
ı	saw the deceased of e on. 7	and that o	death accurred ale 7 m m, Tr	am the causes and an the d	226 DATE
ı	(10) LE (19)	110 -	M.D ATTENDING MED PHYS.	STAFF D	SIGNED
ı	ZZC PHYSICIAN'S	49	22d, ADDRESS	7/	1/60-
	MARTINE (BK F. P.	MX 7-M.	Dareliau	1 Hose +	Md
2	Ba BULLAL CREMATION, 246 DATE THEREOF	23¢ NAME OF CEMETERY O	R CREMATORY 23d. LO	OCATION (City, town, or county	(Store)
	BURINE (Specify) APRIL -9-196	MAINNE CEM	SETIEIZY NEA	RTILCHMONITA	NND
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	The state of the s	CODIRAR 1830 REGISTRIARS SIG	ATURE
1	John 19. 13 var 13	oonsizono 1	M.D. DATE APR 1:	2 60 C Chan 2. A	Craud.



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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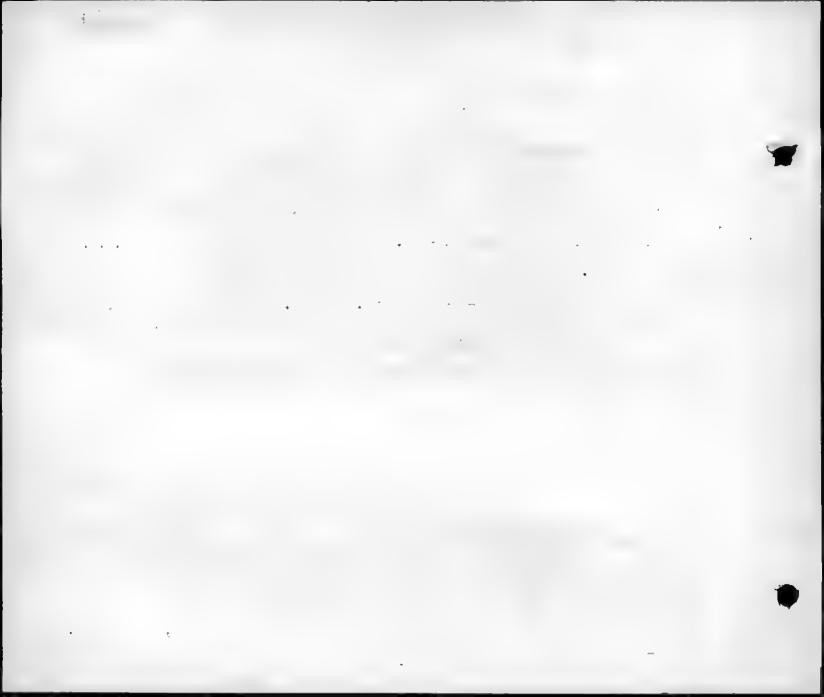
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Ą	600%	CERTIFICA	IE OF DEATE				
Ī	. PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased live	ed. If institution	: Residence befo	re admission)
Ļ	d. COUNTY Washington	MARYLAND	o. STATE Mar	vland	b. COUNTY	Washing	rton
1	b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (II	,	limits, write RUF		
ı	RURAL and give nearest town)		41	erstown	,		
ŀ	Hagerstown	Life	d. STREET ADDRESS	ET 9 COMIT		1	e. IS RESIDENCE
ı	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		/				ON A FARM?
Į	Washington County Hospit	<u>a1 </u>	220 Meale	ey Parkwa	y		YES NO
I	3 NAME OF First	Middle	Lost	4. DATE	Month	Do	y Year
ı	(Type or print) ELSTE	MINNIE	SWINK	The state of the	pril		1960
ľ	S. SEX 6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B DATE OF BIRTH	9, 4			IF UNDER 24 HRS.
ł	Female White WIDOW	/ED DIVORCED 😿	January L.	1901	ζΟ yrs.	Months Days	Hours Min
Ì	10a USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU			y)	12 CITIZEN OF	WHAT COUNTRY?
⇃	during most of working life, even if retired)	olonbono Co	Yinaamaka			77.6	
ŀ	Chief Operator T	elephone Co.	14. MOTHER'S MAIDEN	wn Maryl	ano	U.S.	
ı	7				1-		
1	Carl N. Boger			abeth Fin			
1	(Yes, no, or unknown) . (If was, give wor or dates of service)		NFORMANT		Addres	SS	
1	no 2	12-10-0096 M	rs. Peter H.	Priest	Hag er	stown, 1	aryland
1	18. CAUSE OF DEATH [Enter only one cause per i	ine for (a), (b), and (c) }				INTI	ERVAL BETWEEN SET AND DEATH
ı	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	Heart Failure	4			014.	DEL MIND DENIE
ı	ALL Y DUE TO	AVEL V A ELLASSA S	. *				
ı	7 7	Hypertensive	Candiana	uilam Di	90090		
ļ	Qove rise to immediate!	TAber renstae	CHIMIOARS	MINI D	SONSO		
ı	couse (o), stoting the under-						
I	lying cause lost. (c)	CONTRIBUTING TO DEATH BUT	L NOT BELATED TO THE TER	MINIAL DISTACT CO	NIDITION CIVE	NI INI DA OT 1/ci I	V2GOTHA 24/4/ GI
ı	PART II. OTHER SIGNIFICANT CONDITIONS (1) 200 ACCIDENT WAS UNDERLYING (1) 200 ACCIDENT WAS UNDERLYING (1) OR CONTRIBUTING (1) CIFETTHER, NOTIFY MEDICAL EXAMINER		NOT KEDATED TO THE TER	WINAL DISEASE CC	MDITION GIVE	N IN PAKI I(O)	PERFORMED?
ı	5	Obesity					YES NO
ı	206 ACCIDENT WAS UNDERLYING 206, DES	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury i	n Port I or Port II o	of item 18.)		
ı							
1	5 20c. TIME OF INJURY Month, Doy, Year 20d.	1 60	ACE OF INJURY (Home, factory, street, office bldg., e	rm, 20f (City or	lown)	(Caunty)	(State
1	20c. TIME OF INJURY Month, Doy, Year 20d. While of wo	Not while	ciory, sireer, office blug., t	510.)			
1		ded the decreed from	14400 21 ,	960 ta 24	10 1	10.60 A	at (I) (we) las
ı	21 1 certify that (I) (this hospital) atten	ded the deceased tram	3,400				
ı	saw the deceased alive an Use L	19_9.7, and that a	death accurred atal	M, from the	causes and	an the date	stated abave
	And C Hand				TAFF		SIGNED
ŀ	The Contract of the Contract o	•		DIRECTOR L	PHYS. 🔲		
	22c PHYSICIAN'S NOME (Type)		22d. ADDRESS				
	23g BURIAL, CREMATION 23b, DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION	(City, town, or	county)	(Stote)
1	Burial 4/4/1960	Rest Haven Co	emetery	Hager	stown,		laryland
ı	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 RE	C'D BY REGISTRAR	2Sb. REGIST	rar's signatu	RE
	Suter-Rouzer Funeral Home	Hagerstown, Ma	ryland PMer	5 '60	011	04.	

y the funeral director, and 2 should be filed with TO HOSP — RATIFIELING ENYSICIAN: The law Equires that the death certificate be executed within 24 may be and by the haspitol or attending physician should be supported by the attending physician and completely filled page 3 should be detached far use as the burial-fransit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/S9

ofter death. Page 4

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CEDTIEICATE OF DEATH

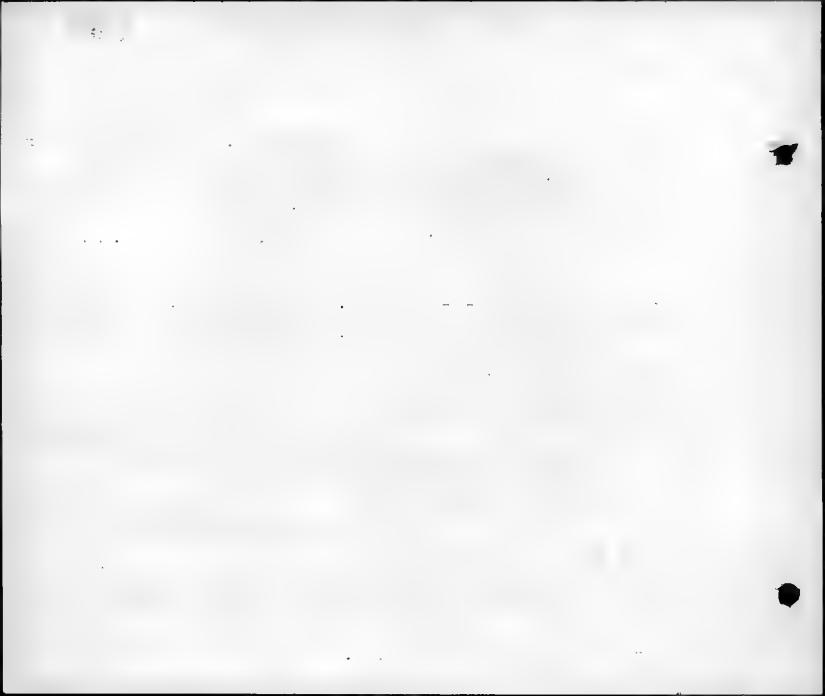
		0035	CERTIFIC	JAIE OF	DEATH							
	1. PLACE OF DEATH a. COUNTY Was	Shington	MARYLAI	g, STA		ere deceased lived. ind	If institution COUNTY	Washing				
	b City or Town (If a RURAL and give near Hagerstown	· ·	ite c. LENGTH OF STAY IN	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest to Hagerstown					rest tawn)			
1	OR INSTITUTION	d. NAME OF HOSPITAL (If not in haspital, give street address)			/ d. STREET ADDRESS 1020 Georgia Ave.							
	3. NAME OF DECEASED (Type or print)	DECEASED		H SWIS	LOST 4. DATE OF DEATH		TE Manth TH April		y Year 1960			
	s. sex Female								Hours Min.			
	during mast af_warkin	No. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Salesclerk			BIRTHPLACE (State or foreign country) agerstown, Maryland		n d	12. CITIZEN OF WHAT CO				
	13. FATHER'S NAME	FATHER'S NAME				14. MOTHER'S MAIDEN NAME						
-	Alb	Albert Magaha				Grace Hankey						
		IN U. S. ARMED FORCES? yes, give war or dalles of service)		John A.	Swisher	Hagerst	Addre OWn,	" Maryla	ınd			
)	Canditians, if any gove rise to improve (a), stating the lying cause last. Part II. OTHE	mediate DUE TO (c)	ONS CONTRIBUTING TO DEATH					N IN PART 1(o) 1	9. WAS AUTOPS: PERFORMED? YES NO			
	20g ACCIDENT WAS OR CONTRIBUTING IN LIFE THER, NOTIFY M 20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year 2	0d. INJURY OCCURRED 20 Vhile Nat while twark at wark		URY (Hame, form affice bldg., etc.		rn)	(County)	(State			
	saw the decease 22a SIGNATURE 22c PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION REMOVAL (Specify)	ATTENDING MED. STAFF SUM OF SIGNE 22c PHYSICIAN'S NAME (Type)										
	24 FUNERAL DIRECTOR'S Suter - Rou	Burial 4/9/1960 Rest Haven Cemetery Hagerstown, Funeral Data Rest Burial 250 Rec'd By Registrar 250. Registrar						TRAR'S SIGNATUI	RE			

director, ond 2 shauld be TO HOSP DR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 may be ded by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 is the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

ofter death. Page 4

VR A1S (4) 15M 9/59



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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

65103

E C	056	CERTIFICA	TE OF DEATH	69103				
1. PLACE OF DEATH	Washington	MARYLAND	2 USUAL RESIDENCE (Where deceased in o. STATE Maryland	ved If institution. Residence before admission) b COUNTY Frederick				
b. CITY OR TOWN (I RURAL ond give no Hagerstown	Foutside corporate limitarest town)	Since 10-9-58	C CITY OR TOWN (If outside corporote Doubs	e limits, write RURAL and give nearest town) / ① × ② -				
d. NAME OF HOSPIT OR INSTITUTION Western Man	AL (If not in hospitol, gryland Stat	e Hospital	d. STREET ADDRESS	e. Is residence on a farm? yes \(\) no \(\) \(\)				
3. NAME OF DECEASED (Type or print)	Emm	a Gertrude	Talfott 4. DATE OF DEATH	Month Day Yeor 60				
Female	6. COLOR OR RACE White	7 MARRIED NEVER	8 June 1869	AGE (In years lost withdoy) Manths Days Hours Min				
House-wor	ON (Give kind of work tring life, even if retired	done 10b KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote or foreign count Maryland	12 CITIZEN OF WHAT COUNTRY? USA				
Jonathan			Sarah Frances Walt					
15 WAS DECEASED EVE (Ym., no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	estudes.	oy L. Talbott, Gaithe	Frederick Ave., ersburg, Md.				
Conditions, if o gove rise to i couse (o), stating lying couse lost.	the <u>under-</u> DUE TO	Carcinon						
Part 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? HYPINTHIS US. CARDIO VASCULAR disease Condition Given In Part 1(a) 19 WAS ALTOPSY PERFORMED? PERFORMED? 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
ZOC TIME OF INJUR Hour a.m. p.m.	Y Month, Day, Ye 19	or 20d. INJURY OCCURRED 20e. P While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or octory, street, office bldg., etc.)	tawn) (County) (Stote)				
saw the decea								
22c HYS CIAN S NAME (Type)	22c HYS CIANS DIRECTOR PHYS. W 774 29 1960							
23a BURIA., CREMAT C REMOVAL (Specify)	5-3-60	Monocacy Ce	metery Bealls	(City, town, or county) (Stote) Sville, Maryland				
24. FUNERAL DIRECTOR M. R. Etc		n, Frederick, Mary	land 250 REC D BY REGISTRA					



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TO HOS

VR A1S (4) 1SM 9/59

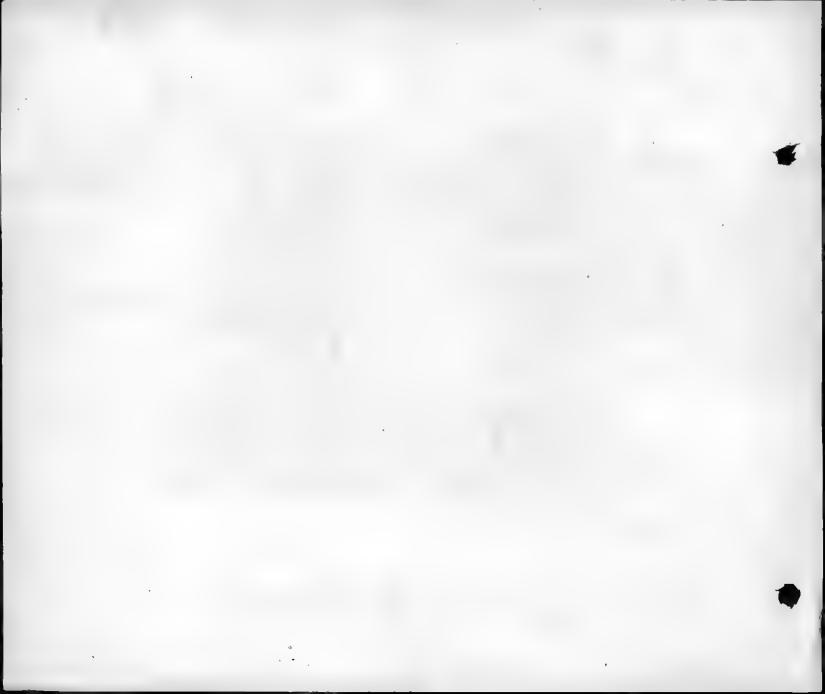
s after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

15104 302

	0011								
1. PLACE OF DEATH 6. COUNTY 8. Shing	ton	MARYLAN	2. USUAL RESIDENCE O STATE MATVIA		d lived If institute b COUNTY		ore admission)		
b CITY OR TOWN RURAL and give r	(If outside corporate timits,	write c. LENGTH OF STAY IN T	b c. CITY OF TOWN	c. CITY OR TOWN (If aulside carporale limits, write RURAL and give nearest town) Hagerstown					
d NAME OF HOSPI	TAL (If not in hospital, give		d. STREET ADDRE	ss 1 ton B		<u></u>	e. IS RESIDENCE ON A FARM? YES NO		
3 NAME OF DECEASED (Type or print)	WILLIAM	AUGUSTUS	TOBIAS J	4. DATE OF DEATH	April	16 196	O 19		
s sex		MARRIED NEVER MARRIED DIVORCED		78	9. AGE (n years last birthday) 81 yrs	Months Days	Hours Min.		
10a. USUAL OCCUPATI during most of wor Senior 13 FATHER'S NAME	king life, even if retired)	Draft Board		Berks			SA		
William IS WAS DECEASED EVI (Yes. np. or unknown)		S? 16. SOCIAL SECURITY NO. 1	A ma		Add				
18. CAUSE OF DE	Spanish ATH (A HE GH) A COUNTY ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	214-09-1459 per tine for (a), (b), and (c)]	Hagers	<u> </u>	927 Har	INI	FERVAL BETWEEN ISET AND DEATH		
Conditions, if a gave rise to cause (o), stoting lying cause lost.	Inmediate DUE TO	TIONS CONTRIBUTING TO DEATH	BUJ NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?		
YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 20c. TIME OF INJURY (Home, form, 20f. (City or lown) (County) (State of work) factory, street, office bldg., etc.)									
21 I certify that (I) (this haspital) attended the deceased fram									
220. SIGNATURE 226. PHYS CIAN'S NAME (Type)	113 H13	rackly	M.D PHYS 22d. ADDRESS	MED DIRECTOR	STAFF D	X	22b PATE N, FIGNIY		
Burial, CREMATION REMOVAL (Specify Burial)	4/18/60	23c, NAME OF CEMPTER Rest Haver ADDRESS		P2 ()		Varylon	(Stote)		
	Coffman,		Md DAT			huy S. Kraw	4		



safter death. Page 4

TO HOSP. OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 the may be ned by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in I page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages 1 and the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

VS ATS (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5053

CERTIFICATE OF DEATH

Reg. Dist. No.

			11			
1. PLACE OF DEATH a. COUNTY	Washington	MARYLAND	2 USUAL RESIDENCE (V o. STATE Md		COLD ITY	nce before admission) Sh.
b CITY OR TOWN (RURAL and give n Hagers	·	c. LENGTH OF STAY IN 16		saithsbu		give nearest town)
OR INSTITUTION	TAL (If not in hospital, give street on County		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	Julia	Paulding	Towson	4. DATE OF DEATH	Manth Apri	1 11, 19 6C
s sex		ARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH	9. AGE	(In years IF UNDE pirthday) Months	R TYEAR, IF UNDER 24 HR Days Hours Min.
during most of wor house 13. FATHER'S NAME	work	0b. KIND OF BUSINESS OR INDU		on, L.I.		TIZEN OF WHAT COUNTRY
	Hiram Paul	ding		Virgin	ria Mull	igan
	R IN U. S. ARMED FORCES?		NFORMANT		Address	
no		218-34-4195	A. Lee T	owson, J	r., Lewi	ston, .N.Y
Canditians, if a gave rise to i cause (a), stating lying cause last.	mmediate DUE TO	Generalize	d arterscl		UTION GIVEN IN PA	5 yrs.
E 20a ACCIDENT W	AS UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCCURRE				PERFORMED? YES NO
20c TIME OF INJUI	w	hile Not while fo	ACE OF INJURY (Hame factory, street, affice bldg., e	rm, 20f. (City or tow	n)	(County) (Stat
21. I certify that I attended the deceased from 1 5 , 19 , to 1 - 1 - 5 , 19 , that I last saw the decease alive an 1 5 , 19 , and that death accurred at 1 - 5 , 19 , that I last saw the decease alive an 1 5 , 19 , and that death accurred at 1 - 5 , 19 , that I last saw the decease alive an 1 5 , 19 , and that death accurred at 1 - 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive an 1 5 , 19 , that I last saw the decease alive and 1 5 , 19 , that I last saw the decease alive and 1 5 , 19 , that I last saw the decease alive and 1 5 , 19 , that I last saw the decease alive and 1 5 , 19 , that I last saw the decease alive and 1 5 , 19 , that I last saw the decease alive and 1 5 , 19 , that I last saw the decease alive and 1 5 , 19 , that I last saw the decease alive and 1 5 , 19 , that I last saw the decease alive and 1 5 , 19 , that I last saw the decease alive and 1 5 , 19 , that I last saw the decease alive and 1 5 , 19 , that I last saw the decease alive and 1 5 , 19 , that I last saw the decease alive and 1 5 , 19 , that I last saw the decease alive and 1 5 , that I last sa						
PHYSICIAN'S NAME (Type)	7					
22a. BJRIAL, CREMATIC REMOVAL (Specify) burial		Smithsburg		22d. LOCATION (C	ity, tawn, ar county)	(State)
23. FUNERAL DIRECTOR Scott F.		Son, Smithsbu		C'D BY REGISTRAR	246 REGISTRAR'S S arthur	B. KLAMA

420.1

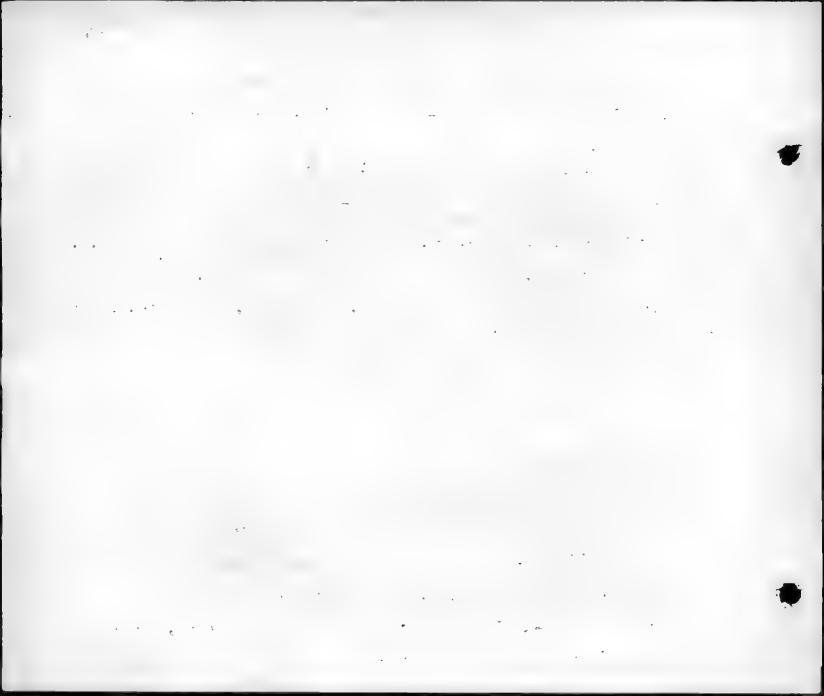
-37 -

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5059

CERTIFICATE OF DEATH

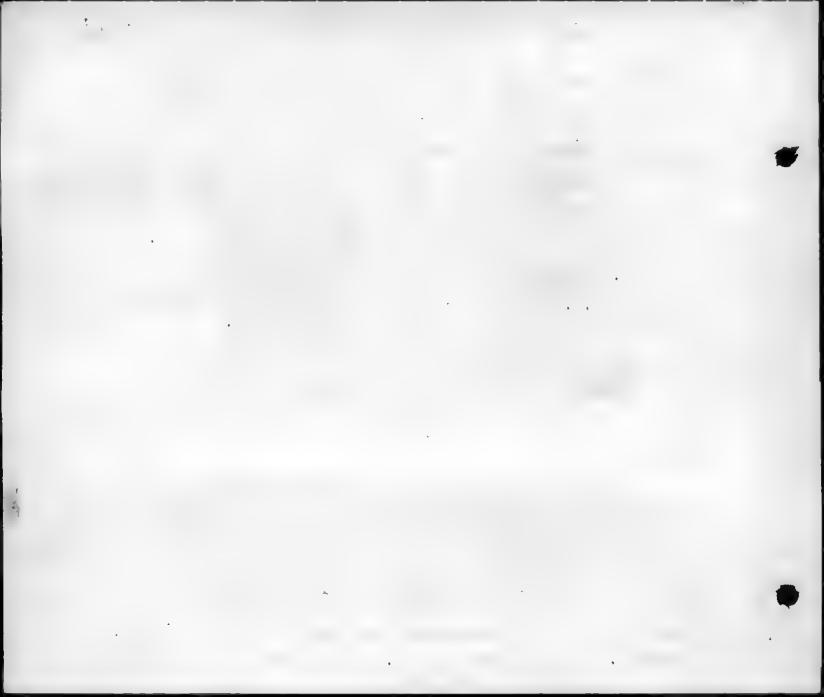
	Key. Dist. 140.
1. PLACE OF DEATH G. COUNTY MARYLAI MARYLAI	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Washington	Maryland Washington
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown -	Route 1 Boonesboro
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Washington County	Route 1 YES NO
(Type or print)	ohn) Virts of DEATH 4 Month 9 Day Yeor 6
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	53ir Months Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Furloughed Faiechild Aircraft (Co Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME SCHILLING
John R. Virts	Ida E.Shuuunu
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
(Yes, no, or unknown) NO (If yes, give wer or dates of service)	Mrs.Ethel Virts.Boonesboro.Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	roway throughos interval Between
1/ 0 . #	is the first took (jo je)
Sanger Tirl	hy per Teurine 5 years.
gave rise to immediate	7 7 5001
cause (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED?
3 Diebeten u	reletura YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Diabete 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Port I or Port II of Item 18.)
Hour a.m. While Not while	le PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (County) (State
p. m 19 at wark at work	
21. I certify that I attended the deceased fram Muni	により、1960, to 科力とり、1960,that I last saw the decease
alive an April 2 1960 and that de	eath accurred at 650AM, from the causes and an the date stated above
1	ADDRESS (Street, city or lown, state) DATE SIGNE
ACTUAL - F) Cenuis	M.D. 21 North Main St. 4/11/60
SIGNATURE	
PHYSICIAN'S NAME (Type) Joseph Secondari, v. D.	Boonsboro, Lar, land
220. BUR AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETER	RY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Buright 4-12-1960 Park Hei	ights Brunswick, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
Brunswick, Marylar	ad DATEMAY 5 '60 arthur S. Huma



VR ATS (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH D. COUNTY	MARYLAND	2, USUAL RESIDENCE (Where deceased lived, If institution: o. STATE b. COUNTY	Residence befare admission)
	Washington		Maryland Washingto	
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURA	(L and give nearest town)
	Hagerstown	5 Mos	Hagerstown	
	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	926 Oak Hill Ave		926 Oak Hill Ave	YES NO-E
	3. NAME OF First DECEASED	Middle	Lost 4. DATE Month	Day Year
	(Type or print) SCOTT	RAYMOND	1131-11-11	1960 19
	5. SEX 6 COLOR OR RACE 7. MARR	TED NEVER MARRIED		UNDER 1 YEAR IF UNDER 24 HRS
	Male , white WIDOWE	D DIVORCED	Aug 16 1874 lost bighdoy) N	onitis days Hours min
	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS		12. CITIZEN OF WHAT COUNTRY?
	Clergyman	Retired	Ickesburg Perry Co Pa.	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	John W. Wagner		Sarah Eliz Eby	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		ORMANT Address	
	Yes [If we diversor or or dates of service 21 7	7-32-6046 Mr		Oak Hill Ave
	18 CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).	Hagerstown Md.	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ty pertene	me Cardio Vacc. Llesson	
	443× DOE TO	77		
	Conditions, if any, which) (b)			
	gave rise to immediate			
	cause (o), stating the under:			
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY
)	PART II. OTHER SIGNIFICANT CONDITIONS C	un of an	dominal dorta - 52	PERFORMED?
		CRIBE HOW INJURY OCCURRE	. (Enter nature of injury in Port I or Port II of item 18.)	
	200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	3 20c. TIME OF INJURY Month, Day, Year 20d. In	NJURY OCCURRED 20e PL	CE OF INJURY (Home, form, 20F (City or town)	(County) · (State)
	20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. While of worl	ladt_wutte	ory, street, office bldg., etc.)	
	21 I certify that (I) (this haspital) attend	= = = = = = = = = = = = = = = = = = = =	Marl 1960, 10 apr 5	10/6) 1/
	1 1 1/ /-	ed the deceased tram	eath accurred at ZAM, from the causes and	, 19.60) that (I) (we) last
	saw the deceased alive an 220 SIGNAPORE	17 GP , and that a	eath accurred ary	on the date stated above.
	The one of the	read LyD.	ATTENDING MED STAFF DIRECTOR PHYS	SIGNED
,	22c. PHYSICIAN'S		PHYS DIRECTOR PHYS 22d. ADDRESS	4-5-60
	NAME (Type) No bert 1.	-07779el	137 W. Washington	gordown, may
	23g. BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY O	CREMATORY 23d LOCATION (City, town, or o	county) (Stote)
	REMOVAL (Specify)			
	Burial 4/8/60 Hi	ummelstown C		ar's SIGNATURE
	Andrew K. Coffman Hag			1 & House



MARYLAND STATE DEPARTMENT OF HEALTH 5067 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a by the funeral director, and 2 should be filed with

TO HOS! OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be wined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the bunal-transit permit. Then please remaye carban papers—Pages 1 of the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs office death.

VR A15 (4) 15M 9/59

is ofter death. Page 4

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
Washington	MATULANA 6. COUNTY Was hington
b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF ST	
RURAL and give negrest town)	VII : 0-541
tage stown 16 da	342 X Hancock REDI
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Washington County Hospit	Tal YES NO S
NAME OF First Mid	iddle Last 4. DATE Month Day Year
(Type or print)	Zel Walls DEATH HOUL 4 1960
SEX 6 COLOR OR RACE 7. MARRIED NEVER MA	
The state of the s	last birthday) Months Days Haurs Min.
, , , , , , , , , , , , , , , , , , , ,	DRCED NOV. 11, 1916 43 YO
On USUAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINES during most of working life, even if retired)	SS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
Sewing Machine Operator Sewing For	M 1
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Millard F. Bishop	In a D M
5 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17, INFORMANT Address
(Yes. no. or unknown) [If yes, give wor or detec of service)	
No	I Kamona Creek Hancock Md.
1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	
PART I. DEATH WAS CAUSED BY. UN FEROS C	throxie (coronals) Steads Distante about 2
4 2 % BUETO	MAN
4 11:11	1. All of the last
Canditions, if ony, which gave rise to immediate (b) Much pl	's pulmounty remboli Ul mont
cause (a), stating the under: DUE TO	,
lying cause last. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
TAN II O'INEK SIGNIFICANT CONDITIONS CONTRIBUTING TO	PERFORMEO? YES IN NO
	RY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	DA STACE OF WHICH (I) I DAY (S)
20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While Not while at work at wark	20e. PLACE OF INJURY (Hame, farm, 20f, (City ar tawn) (Caunty) (State factory, street, affice bldg., etc.)
p. m 19 at work at wark	
21 I certify that (I) (this haspital) attended the decease	sed from. 3-79, 1960, to 4-4, 1960, that (I) (we) la
saw the deceased alive an 4-4 1960, a	and that death accurred at T. SOM, High the causes and an the date stated above
Jal 1than Can beau	ATTENDING MED. STAFF SIGNE
OF BURE AND	
22c PHYSIC AN'S NAME (Type)	22d ADDRESS 154 West Washington St.,
John H. Hornbaker, M.D	Hagerstown, Md.
3g BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF C	CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	at A Caral
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Marylar Cemetery Washington Marylar
ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Houseld & Stone Hours	DATE APR 1 2 '60 wing S. Krouge

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5127 ŭ PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY .. STATE Maryland Washington MARYLAND b. CITY OR TOWN III punide corporate limits, write BURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Min westminster Binggold d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? W. Md College Junction YES TO NOW NAME OF Doy Middle Month Year DECEASED (Type or print) DEATH CHRISTINE MARGARET WAPPLER April 1960 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months WIDOWED [DIVORCED | 1932 remale White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Music Teacher gud W. Md College Denver Denver Co Colo USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth F. Francis Wappler Werner J. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) No Werner Wappler 5685 Minnesota Ave Denver 22 Colo INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: FRACTURED SKULL IMMEDIATE CAUSE (a) RIBS (CHEST CRUSHED) DUE TO FRACTURE LOWER JAW 10 MIN. Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(5) 19. WAS AUTOPSY ö PERFORMED? NO IX 200. EXTENNAL CAUSE WAS PRIMARY Of OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) of item 18.) 3 should BY 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) Not while foctor foctory, street, office bldg., etc.) of work all work LEITERSBURG.WASH RT 648418 21. I certify that I took charge of the remains described above, held an Autopsy , (Inspection X), Inquiry , and find that Accident XI, Suicide , Homicide . Undetermined couse death resulted from Natural causes ... FUNERAL DIRECTOR DATE SIGNED ALC: UNK CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DR. E.W. DITTO.JR. NAME (Type) DEPUTY MEDICAL EXAMINER -220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 0 Fair Mount Cemetery Denver uria Denver Co 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Andrew K. Coffman Hagerstown Md. DATEBOD K '60 5M 9/55

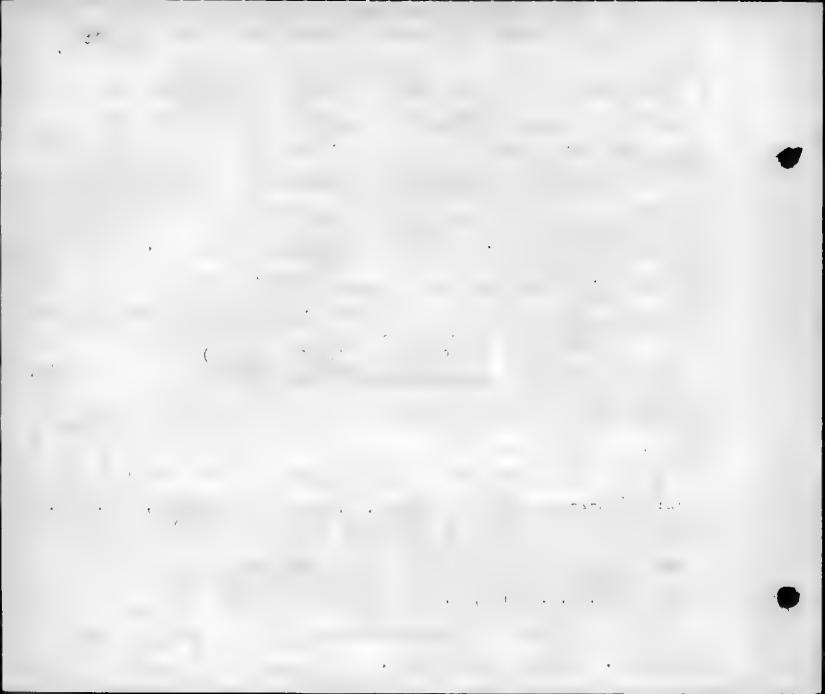
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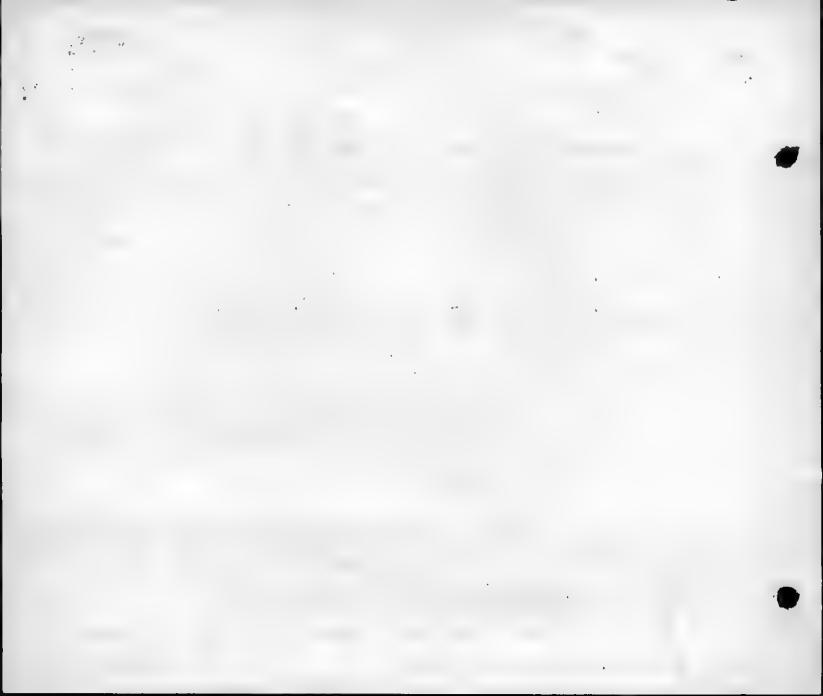
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 302

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	1	Villiam I	F. Welde	יד			Elizabe	th Haz	elhurst	5	
ı	15	WAS DECEASED EVER	IN U.S. ARMED FO	PRCES? 16. SOC	IAL SECURITY NO	17, INFOR				ddress	
N		Yes T	f yes, give war or dates o 7. V#1		09-3998	Mrs	Ruth C.	Welde	r, 1127	Oak b	ill Ave
/			TH (Enter anly and	couse per line to	or (a), (b), and (c).]	Hage	rstown	Maryla	nd		INTERVAL SETWEEN
		PART L. DEAT	TH WAS CAUSED BY		or we having	1	1-6	217	t for a	,	ONSET AND DEATH
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	CERTIFICATION		!-	-x 12 f-	i-(e,	-/ 0	lift fil	the .	-/(1(4)	PERFORMED?
	IFFIC	206. ACCIDENT WAS	S UNDERLYING	20b DESCRIB	E HOW INJURY OCC	URRED. (E	nter nature of inju	ry in Port I or Po	ort II af item 18.)		
		(IF EITHER, NOTIFY I	MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJURY Hour o. m.	/ Manth, Doy, Y	fear 20d INJUI White	RY OCCURRED 20 Nat while		OF INJURY (Home , street, affice bld		ty ar tawn)	(Ca	unty) (State
	ME	p. m.	19	at wark					1		مر ا
И		21 I certify that	t (I) (this hospit	ol) ottended	the deceosed fr	om. /1	1 22 "	4 126 U to	/ K	19 6	that (I) (we) los
		saw the decease	ed alive on	1401	19 G Wand th	not deat	boccurred of		n the couses o	and on the	date stated obove
		22a. SIGNATURE	7/7/4		1.17						22b. DATE S GNED
			181)(1: C	· Clay	M.D	ATTENDING PHYS	MED DIRECTOR	STAFF		5 GNEL
		22c PHYSICIAN'S NAME (Type)	1.11	30	ach,	10.1	22d ADDRESS	`			
	23a	BURIAL CREMATION	N, 23b. DATE THER	EOF 23	C NAME OF CEMETE	RY OF CE	REMATORY	23d LOC	ATION (City, town	n, or county)	(State)
		Burial	4/24/6	O R	est Have	n Ge	metery	Hage	rstown	Man	vland
	24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			. REC'D BY REGI	STRAR 256 RE	gistrar's s gi	ATURE
		Andrew K	Coffme	n Hao	erstown	Md	DA	TE APR 2	5 '60	Culled.	& Kraus



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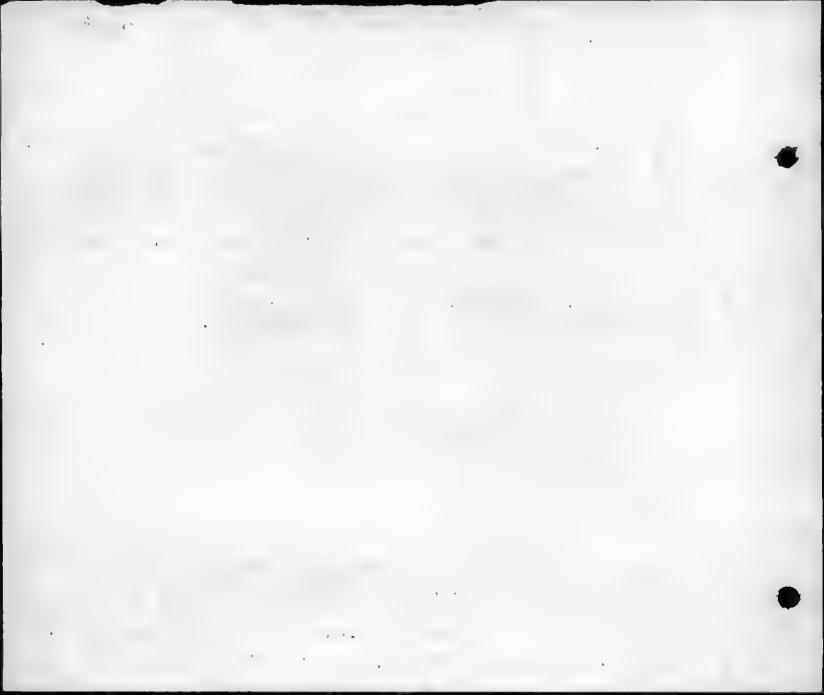
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTI

5002 CERTIFICATE OF DEATH

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	- (d. NAME OF HOSPIT	AL (If not in hospital, g			T Da	7	d. STREET AI	DDRESS					Ó	RESIDENCE N A FARM?
H	-		unty Hos), L			525 I			<u>JOU</u>				
	- 1	NAME OF DECEASED (Type or print)	DAVID	rs†	EARL	Middle	WOL	lost S1		4 DATE OF DEATH	Apri		1960		Year 19
	5 5	SEX	6 COLOR OR RACE	7. MARI	RIED X NEV	ER MARRIE	D 🔲 B. D	ATE OF BIRTH			9. AGE (In lost birt		FUNDER 1 Y	_	r
		Male	White	WIDOW	/ED 🔲	DIVORCE	D J₁	ine 25	189	31	68	yrs	Months DG	ys not	VIS MIN
	10a	JSUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF B	USINESS O	R INDUSTRY	11 BIRTHPL	ACE (Stote o	or foreign i	country)		12. CITIZEN	OF WHA	AT COUNTR
		Merchar		' 1	Tolf 8	k Son	1	Boons	boro	Was	sh Co	Md.		USA	
	13.	FATHER'S NAME					1.	. MOTHER'S	MAIDEN N	AME					
		Fre	nk Wolf					Laur	ra. Ma	rtz					
V	15.		R IN U. S. ARMED FOR		SOCIAL SEC	URITY NO.	17, INFOR					Addre	58		
1	§1 @3	No.	If yes, give war or dates of s		4-09-	8133	Mrs	Lilli	an W	olf	525	Fred	ierial	k St	
1		1	TH [Enter only one co	use per li	ine for (a), (b				ersto		Md.			INTERVAL	L BETWEEN
1		PART I. DEA	TH WAS CAUSED BY:	Co	ronai	v Th	rombo		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1		nd death nth.
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		lying couse lost.	ne under-												
	Z		J (K		CONTRIBUTI	NG TO DEA	ATH BUT NO	T RELATED TO	THE TERMII	NAL DISEA	SE CONDITION	DN GIVE	N IN PART 1(0) 19 W	AS AUTOPS
	CATIC			No	ne.										RFORMED?
	CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	SCRIBE HOW	INJURY OF	CCURRED (E	nter noture of	injury in P	Port I or Pa	rt II of item	18)			
	MEDICAL	20c TIME OF INJUR	Y Month, Doy, Ye		INJURY OCC		20e. PLACE	OF INJURY (F	tome, form,	, 20f. (Cit	ly or town)		(Cou	nty)	(Sto
	MED	Hour o.m.	19	While of wo		hite rk	Tociory	, sites, office	biog., e.c.						
		21 L certify tho	t (l) (this haspitá	Alten	ded the d	econsed	from N.S	r. 18	. 10	60 to	Apr.	. 20	19 60	that (I) (wa) la
1			ed alixe on A		0, 196	30 and	that deal	h accurred							
		220 SIGNATURE		1	=	a. 7 dito	mar deal	T GCCBITCO	1-010, 2-1	THE TI GIT	THE COU	ics dild	dii ma u	are situ	22b. DATE
			1/0	1/-	Sili		MD	ATTENDING PHYS		ED RECTOR	STAFF PHYS (□ Ap	r.22	,196	O. SIGNI
		22c PHYSICIAN'S NAME (Type)	R. A.	B el l	L, M.1	D.		22d. ADDRE		town	n, Ma:	ryla	and.		
	23a	BUR AL CREMATIO	N. 235 DATE THERES)F	23c NAM	IE OF CEME	ETERY OR C	REMATORY		23d LOCA	ATION (City,	town, or	county)	-	(Stote)
		REMOVAL (Specify) Burial	4/23/60		POS	se mi	11 0	eme te	Par	Hag	rerete	awo	Wash	Co	MM
	24.	FUNERAL DIRECTOR			ADDR					BY REGIS			RAR'S SIGN		
		Andrew F	. Coffma	n Ha	oere	town	Ma.		DATE	APR 2	5 '60	C	Exthus S.	trans	4



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5064

1,5112 Reg. Dist. No.

1. PLACE OF DEATH WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE MARYLAND b. COUNTY WASHINGTON
b. CITY OR TOWN (it outside corporate limits, write RURAL 40 YRS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 HAGIRSTONN
WASHINGTON COUNTY HOSPITAL give street address)	/d. STREET ADDRESS. ON A FARMSY YES ON NO PT
3. NAME OF BARR First WARRE Middle W	WOLFE Lost 4. DATE APRIL 25 Year 60
5. SEX MALE 6. COLOR OR RACE WHITE WIDOWED DIVORCED	3/12/1903 tool big
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST CARPENTER (Ite, even if retired) GENL. CONTRA	IRY 11. BIRTHPLACE (State of foreign country) ACTOR MARYLAND U.S.A.
13. FATHER'S NAME WADE WOLFE	14. MOTHER'S MAIDEN NAME EVA WARRENFELTZ
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	MR. DELPHIN WOLFE MD.
Canditions, if eny, which gove rise to immediate course (o), stating the underlying course last. DUE TO (c) I clude to hear t	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CAUSE OF DEATH.	YES NO X
Z Oc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAY Hour e. m., P. m. 19 of work of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ory, street, office bldg., etc.)
21. I certify that I taak charge of the remains described abadeath resulted from: Natural causes X. Accident . Suit ACTUAL SIGNATURE Character . When the control of the co	_M.D. CHIEF MEDICAL EXAMINER
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ATE APR 2 9 '60 Cuthury 8. Hours

VS. A15ME(5) 5M 9/55

THE RESERVE OF STREET STREET, SAN ASSESSMENT OF STREET, SAN ASSESSMENT OF STREET, SAN ASSESSMENT OF STREET, SAN	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) e. COUNTY b. COUNTY Washington e. STATE Washington Maryland MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Williamsport Vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) /d. STREET ADDRESS E. Salisbury Street E. Salisbury Street 3. NAME OF 4. DATE Middle Month DECEASED Zimmerman Josephi ne DEATH (Type or print) April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE Un years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX April 18 1895 WIDOWED 2 Female White DIVORCED [7] 10a, USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWITE Williamsport Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emmet: Cullen Margaret Eva Cushwa 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Towns County Rd. RFD Mrs. Sumner Draper T No None Mathews N. Carolina 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise la immediate cause DUE TO (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form,

20c. TIME OF INJURY

Month, Day, Year While p. m.

Not while at work at work

factory, street, office bldg., etc.)

Accident , Suicide , Homicide ,

21. I certify that I took charge of the remains described above, held on Autopsy ...

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

20f. (City or town) Inspection F.

Inquiry [

(County)

, and find that

DATE SIGNED

(Stole)

PERFORMED? YES T

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(Stote)

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YES NO KI

Year

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INTERVAL BETWEEN ONSET AND DEATH

1960

Min.

ON A FARM?

ACTUAL

SIGNATUR

220. BURIAL, CREMATION

deoth resulted from Natural causes 4.

EXAMINER'S NAME (Type)

22b. DATE THEREOF

22c. NAME OF REMETERY OR CREMATORY Rest Haven Cemetery

Hagerstown 24a. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county) Maryland

Undetermined cause

VS. A15ME(5) 5M 9/55

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to the Chief / DIRECTOR: 6

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cremotion

PM3.

ADDRESS

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24b. REGISTRAR'S SIGNATURE

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